Gulstonian Lectures

ON THE

RELATIONS BETWEEN BODY AND MIND,

AND BETWEEN

MENTAL AND OTHER DISORDERS OF THE NERVOUS SYSTEM.

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LECTURE I.—PART II.

As it is with memory so it is with volition, which is a physiological function of the supreme centres, and which, like memory, becomes more unconscious and automatic the more completely it is organised by repeated practice. It is not man's function in life to think and feel only; his inner life he must express or utter in action of some kind—in word or deed. Receiving the impressions from nature, of which he is a part, he reacts upon nature intelligently, modifying it in a variety of ways; thus nature passes through human nature to a higher evolution. As the spinal cord reacts to its impressions in excito-motor action, and as the sensory centres react to their impressions in sensori-motor action, so, after the complex interworking and combination of ideas in the hemispherical ganglia, there is, in like manner, a reaction or desire of determination of energy outwards, in accordance with the fundamental property of organic structure to seek what is beneficial and shun what is hurtful to it. It is this property of tissue that gives the impulse which, when guided by intelligence, we call volition, and it is the abstraction from the particular volition which metaphysicians personify as *the will*, and regard as their determining agent. Physiologically, we cannot choose but reject *the* will: volition we know, and will we know, but *the will*, apart from particular acts of volition or will, we cannot know. To interpose such a metaphysical entity between reflection and action thereupon, would bring us logically to the necessity of interposing a similar entity between the stimulus to the spinal cord and its reaction. Thus, instead of unravelling the complex by help of the more simple, we should obscure the simple by speculations concerning the complex. As physiologists we have to deal with volition as a function of the supreme centres, following reflection, varying in quantity and quality as its cause varies, strengthened by education and exercise, enfeebled by disuse, decaying with decay of structure, and always needing for its outward expression the educated agency of the subordinate motor centres. We have to deal with will, not as a single undecomposable faculty unaffected by bodily conditions, but as a result of organic changes in the supreme centres, affected as certainly and seriously by disorder of them as our motor faculties are by disorder of their centres. Loss of power of will is one of the earliest and most characteristic symptoms of mental derangement; and, whatever may have been thought in times past, we know well now that the loss is not the work of some unclean spirit that has laid its hands upon the will, but the direct effect of physical disease.

But I must pass on now to other matters, without stopping to unfold at length the resemblances between the properties of the supreme centres and those of the lower nerve centres. We see that the supreme centres are educated, as the other centres are, and the better they are educated the better do they perform their functions of thinking and willing. The development of mind is a gradual process of organisation in them. Ideas, as they are successively acquired through the gateways of the senses, are blended and combined and grouped in a complexity that defies analysis, the organic combinations being the physiological conditions of our highest mental operations—reflection, reasoning, and judgment. Two leading ideas we ought to grasp and hold fast: first, that the complex and more recondite phenomena of mind are formed out of the more simple and elementary by progressive specialisation and integration; and, secondly, that the laws by means of which this formation takes place are not laws of association merely, but laws of organic combination and evolution. The growth of mental power means an actual addition of structure to the intimate constitution of the centres of mind—a *mental organisation* in them; and mental derangement means disorder of them, primary or secondary, functional or organic.

Although I have declared the hemispherical ganglia to be pre-eminently the mind centres, and although it is in disorder of their functions—in disordered intelligence, in disordered emotion, and in disordered will—that insanity essentially consists, it is nevertheless impossible to limit the study of our mental operations to the study of them. They receive impressions from every part of the body, and, there is reason to believe, exert an influence on every element of it: there is not an organic motion, sensible or insensible, which does not, consciously or unconsciously, affect them, and which they in turn do not consciously or unconsciously affect. So intimate and essential is the sympathy between all the organic functions, of which mind is the crown and consummation, that we may justly say of it that it sums up and comprehends the bodily life—that everything which is displayed outwardly is contained secretly in the innermost. We cannot truly understand mind functions without embracing in our inquiry all the bodily functions and features.

I have already shown this in respect of motor functions, by exhibiting how entirely dependent for its expression will is upon the organised mechanism of the motor centres—how, in effecting voluntary movements, it presupposes the appropriate education of the motor centres. Few persons, perhaps, consider what a wonderful art speech is, or even remember that it is an art which we acquire. But it actually costs us a great deal of pains to learn to speak; all the language which an infant has is a cry; and it is only because we begin to learn to talk when we are very young, and are so constantly practising, that we forget how specially we have had to educate our motor centres of speech. Here, however, we come to another pregnant consideration: the acquired faculty of the educated motor centre is not only a necessary agency in the performance of a voluntary act, but I maintain that it positively enters as a mental element into the composition of the definite volition; that, in fact, the specific motor faculty not only acts downwards upon the motor nerves, thus effecting the movement, but also acts upwards upon the mind centres, thereby giving to consciousness the conception of the suitable movement—the appropriate motor intuition. It is certain that, in order to execute consciously a voluntary act, we must have in the mind a conception of the aim or purpose of the act. The will cannot act upon the separate muscles, it can only determine the result desired; and thereupon the combined contraction, in due force and rapidity, of the separate muscles takes place in a way that we have no consciousness of, and accomplishes the act. The infant directly it is born can suck, certainly not consciously or voluntarily; on the first occasion, at any rate, it can have no notion of the purpose of its movements; but the effect of the action is to excite in the mind the special motor intuition, and to lay the foundation of the special volition of it. We cannot do an act voluntarily unless we know what we are going to do, and we cannot *know exactly* what we are going to do until we have taught ourselves to do it. This exact knowledge of the aim of the act, which we get by experience, the motor intuition gives us.

The essential intervention of the motor intuition, which is, as it were, the abstract of the movement, in our mental life, is best illustrated by the movements of speech, but is by no means peculiar to them. Each word represents a certain association and succession of muscular acts, and is itself nothing more than a conventional sign or symbol to mark the particular muscular expression of a particular idea. The word has not independent vitality; it differs in different languages; and those who are deprived of the power of articulate speech must make use of other muscular acts to express their ideas, speaking, as it were, in a dumb discourse. There is no reason on earth, indeed, why a person might not learn to express every thought which he can utter in speech by movements of his fingers, limbs, and

body—by the silent language of gesture. The movements of articulation have not, then, a special *kind* of connexion with the mind, though their connexion is a specially intimate one; they are simply the most convenient for the expression of our mental states, because they are so numerous, various, delicate, and complex, and because, in conjunction with the muscles of the larynx and the respiratory muscles, they modify sound, and thus make audible language. Having, on this account, been always used as the special instruments of utterance, their connexion with thought is most intimate; the Greeks, in fact, used the word λόγος to mean both reason and speech. But this does not make the relations of the movements of speech to mind different fundamentally from the relations of other voluntary movements to mind; and we should be quite as much warranted in speaking of a special faculty of writing, of walking, or of gesticulating in the mind, as in speaking of a special faculty of speech there.

What is true of the relations of articulate movements to mental states is true of the relations of other movements to mental states: they not only express the thought, but, when otherwise put in action, they can excite the appropriate thought. Speak the word, and the idea of which it is the expression is aroused, though it was not in the mind previously; or put other muscles than those of speech into an attitude which is the normal expression of a certain mental state, and the latter is excited. Most if not all men, when thinking, repeat internally, whisper to themselves, as it were, what they are thinking about; and persons of dull and feeble intelligence cannot comprehend what they read, or what is said to them sometimes, without calling the actual movement to their aid, and repeating the words in a whisper or aloud. As speech has become the almost exclusive mode of expressing our thoughts, there not being many gestures of the body which are the habitual expressions of simple ideas, we cannot present striking examples of the powers of other movements to call up the appropriate ideas; yet the delicate movements of the accommodation of the eye to vision at different distances seem really to give to the mind its ideas of distance and magnitude. No one actually sees distance and magnitude; he sees only certain signs from which he has learned to judge intuitively of them—the muscular adaptations, though he is unconscious of them, imparting the suitable intuitions.

The case is stronger, however, in regard to our emotions. Visible muscular expression is to passion what language (or audible muscular expression) is to thought. Bacon rightly, therefore, pointed out the advantage of a study of the forms of expression. "For," he says, "the lineaments of the body do disclose the disposition and inclination of the mind in general; but the motions of the countenance and parts do not only so, but do further disclose the present humour and state of the mind or will." The muscles of the countenance are the chief exponents of human feeling, much of the variety of which is due to the action of the orbicular muscles with the system of elevating and depressing muscles. Animals cannot laugh, because, besides being incapable of ludicrous ideas, they do not possess in sufficient development the orbicular muscle of the lips and the straight muscles which act upon them. It is because of the superadded muscles and of their combined actions—not combined contraction merely, but consentaneous action, the relaxation of some accompanying the contraction of others—that the human countenance is capable of expressing a variety of more complex emotions than animals can. Those who would degrade the body, in order, as they imagine, to exalt the mind, should consider more deeply than they do the importance of our muscular expressions of feeling. The manifold shades and kinds of expression which the lips present—their gibes, gambols, and flashes of merriment; the quick language of a quivering nostril; the varied waves and ripples of beautiful emotion which play on the human countenance, with the spasms of passion that disfigure it—all which we take such pains to embody in art,—are simply effects of muscular action, and might be produced by electricity or any other stimulus, if we could only apply it in suitable force to the proper muscles. When the eye is turned upwards in rapt devotion, in the ecstasy of supplication, it is for the same reason as it is rolled upwards in fainting, in sleep, in the agony of death: it is an involuntary act of the oblique muscles, when the straight muscles cease to act upon it. We perceive, then, in the study of muscular action the reason why man looks up to heaven in prayer, and why he has placed there the power "whence cometh his help." A simple property of the body, as Sir C. Bell observes—the fact that the eye in supplication takes what is its natural position when not acted upon by the will,—has influenced our conceptions of heaven, our religious observances, and the habitual expression of our highest feelings.

Whether each passion which is special in kind has its special bodily expression, and what is the expression of each, it would take me too long to examine now. Suffice it to say that the special muscular action is not merely the exponent of the passion, but truly an essential part of it. Fix the countenance in the pattern of a particular emotion—in a look of anger, of wonder, or of scorn,—and the emotion whose appearance is thus imitated will not fail to be aroused. And if we try, while the features are fixed in the expression of one passion, to call up in the mind a quite different one, we shall find it impossible to do so. This agrees with the experiments of Mr. Braid on persons whom he had put into a state of hypnotism; for when the features or the limbs were made by him to assume the expression of a particular emotion, thereupon the emotion was actually felt by the patient, who began to act as if he was under its influence. We perceive then that the muscles are not alone the machinery by which the mind acts upon the world, but that their actions are essential elements in our mental operations. The superiority of the human over the animal mind seems to be essentially connected with the greater variety of muscular action of which man is capable: were he deprived of the infinitely varied movements of hands, tongue, larynx, lips, and face, in which he is so far ahead of the animals, it is probable that he would be no better than an idiot, notwithstanding he might have a normal development of brain.

If these reflections are well grounded, it is obvious that disorder of the motor centres may have, as I believe it has, no little effect upon the phenomena of mental derangement. In some cases of insanity there are genuine muscular hallucinations, just as there are in dreams, when the muscles are in a constrained attitude; and where the morbid effects are not so marked, there is good reason to suppose that a searching inquiry along this almost untrodden path will disclose the mode of generation of many delusions that seem now inexplicable.

But we cannot limit a complete study of mind even by a full knowledge of the functions of the nervous and muscular systems. The organic system has most certainly an essential part in the constitution and the functions of mind. In the great mental revolution caused by the development of the sexual system at puberty we have the most striking example of the intimate and essential sympathy between the brain as a mental organ and other organs of the body. The change of character at this period is not by any means limited to the appearance of the sexual feelings and their sympathetic ideas, but, when traced to its ultimate reach, will be found to extend to the highest feelings of mankind, social, moral, and even religious. In its lowest sphere, as a mere animal instinct, it is clear that the sexual appetite forces the most selfish person out of the little circle of self-feeling into a wider feeling of family sympathy and a rudimentary moral feeling. The consequence is that, when an individual is sexually mutilated at an early age, he is emasculated morally as well as physically. Eunuchs are said to be the most depraved creatures morally: they are cowardly, envious, liars, utterly deceitful, and destitute of real social feeling. And there is certainly a characteristic variety of insanity caused by self-abuse, which makes the patient very like a eunuch in character.

It has been affirmed by some philosophers that there is no essential difference between the mind of a woman and that of a man; and that if a girl were subjected to the same education as a boy, she would resemble him in tastes, feelings, pursuits, and powers. To my mind it would not be one whit more absurd to affirm that the antlers of the stag, the human beard, and the cock's comb are effects of education; or that, by putting a girl to the same education as a boy, the female generative organs might be transformed into male organs. The physical and mental differences between the sexes intimate themselves very early in life, and declare themselves most distinctly at puberty: they are connected with the influence of the organs of generation. The forms and habits of mutilated men approach

those of women; and women whose ovaries and uterus remain, from some cause, in a state of complete inaction, approach the forms and habits of men. It is said, too, that in hermaphrodites the mental character, like the physical, participates equally of that of both sexes. While woman preserves her sex, she will necessarily be feebler than man, and, having her special bodily and mental characters, will have to a certain extent her own sphere of activity; where she has become thoroughly masculine in nature, or hermaphrodite in mind—when, in fact, she has pretty well divested herself of her sex,—then she may take his ground, and do his work; but she will have lost her feminine attractions, and probably also her chief feminine functions.

Allowing that the generative organs have their specific effect upon the mind, the question occurs whether each of the internal organs has not also a special effect, giving rise to particular feelings with their sympathetic ideas. They are notably united in the closest sympathy, so that, although insensible to touch, they have a sensibility of their own, by virtue of which they agree in a consent of functions, and respond more or less to one another's sufferings; and there can be no question that the brain, as the leading member of this physiological union, is sensible of, and affected by, the conditions of its fellow-members. We have not the same opportunity of observing the specific effects of other organs that we have in the case of the generative organs; for while those come into functional action directly after birth, these come into action abruptly at a certain period, and thus exhibit their specific effects in a decided manner. It may well be, however, that the general uniformity among men in their passions and emotions is due to the specific sympathies of organs, just as the uniformity of their ideas of external nature is due to the uniform operation of the organs of sense.

It is probable that an exact observation of the mental effects of morbid states of the different organs would help the inquiry into the feelings and desires of the mind which owe their origin to particular organs. What are the psychological features of disease of the heart, disease of the lungs, disease of the liver? They are unquestionably different in each case. The inquiry, which has never yet been seriously attempted, is, without doubt, a difficult one, but I believe that the phenomena of dreams might, if carefully observed, afford some help. The ground-tone of feeling in a dream, the background on which the phantoms move, is often determined by the state of an internal organ, the irritation of which awakens into some degree of activity that part of the brain with which the organ is in specific sympathy; accordingly sympathetic ideas spring out of the feeling and unite in a more or less coherent dream drama. How plainly this happens in the case of the generative organs it is unnecessary to point out: exciting their specific dreams, they teach a lesson concerning physiological sympathies which, applied to the observation of the effects of other organs, may be largely useful in the interpretation, not of dreams only, but of the phenomena of insanity. Dreams furnish a particularly fruitful field for the study of the specific effects of organs on mind, because these are more distinctly felt and more distinctly declared when the impressions from the external senses are shut out by sleep. As the stars are not visible, although they still shine, in the daytime, so the effects of an internal organ may not be perceptible during the waking state while consciousness is actively engaged. But just as, when the sun goes down, the stars shine visibly, which before were invisible, veiled by his greater light, so when active consciousness is suspended, organic sympathies, which before were insensible, declare themselves in the mind. Perhaps it is in the excitation of its sympathetic feeling and ideas by a disordered organ during sleep that we may discover the explanation of a fact which seems to be undoubted, and to be more than accidental—namely, that a person has sometimes dreamed prophetically that he would have a particular internal disease, before he consciously felt a symptom of it, and has been afterwards surprised to find his dream come true.

It is natural to suppose that the passion which a particular organ produces in the mind will be that which, when otherwise excited, discharges itself specially upon that organ. Notably this is the case with the sexual organs and the passion to which they minister. When we consider the effects which a sanguine anticipation, or the elation of a present excitement, has upon the lungs—the accelerated breathing and the general bodily exhilaration which it occasions, we cannot help thinking of the strange hopefulness and the sanguine expectations of the consumptive patient, who, on the edge of the grave, projects, without a shadow of distrust, what he will do long after he will have been "green in death and festering in his shroud." Observe how fear strikes the heart, and what anxious fear and apprehension accompany some affections of the heart. Anger, disappointment, and envy notably touch the liver; which, in its turn, when deranged, engenders a gloomy tone of mind through which all things have a malignant look, and from which, when philosophy avails not to free us, the restoration of its functions will yield instant relief. The internal organs are plainly not the agents of their special functions only, but, by reason of the intimate consent or sympathy of functions, they are essential constituents of our mental life.

The time yet at my disposal will not allow me to do more than mention the effects of mental states on the intimate processes of nutrition and secretion. Emotion may undoubtedly favour, retard, or pervert nutrition, and increase, lessen, or alter a secretion; in doing which there is reason to think that it acts, not only by dilating or contracting the vessels through the vaso-motor system, as we witness in the blush of shame and the pallor of fear, but also directly on the organic elements of the part through the nerves, which, as the latest researches seem to show, end in them sometimes by continuity of substance. If they do so end, it is difficult to conceive how a strong emotion vibrating to the ultimate fibrils of a nerve can fail to affect for a moment or longer the functions of the organic elements. Be this so or not, however, the familiar observations—first, that a lively hope or joy exerts an enlivening effect upon the bodily life, quiet and equable when moderate, but, when stronger, evinced in the brilliancy of the eye, in the quickened pulse and respiration, in an inclination to laugh and sing; and, secondly, that grief or other depressing passion has an opposite effect, relaxing the arteries, enfeebling the heart, making the eye dull, impeding digestion, and producing an inclination to sigh and weep,—these familiar observations of opposite effects indicate the large part which mental states may play, not in the causation of all sorts of disease alone, but in aiding recovery from them. A sudden and great mental shock may, like a great physical shock, and perhaps in the same way, paralyse for a time all the bodily and mental functions, or cause instant death. It may, again, produce epilepsy, apoplexy, or insanity; while a prolonged state of depression and anxiety is sometimes an important agent in the causation of chronic disease, such as diabetes and heart-disease. Can it be doubted, too, that the strong belief that a bodily disorder will be cured by some appliance, itself innocent of good or harm, may so affect beneficially the nutrition of the part as actually to effect a cure! To me it seems not unreasonable to suppose that the mind may stamp its tone, if not its very features, on the individual elements of the body, inspiring them with hope and energy, or infecting them with despair and feebleness. A separated portion of the body, so little that our naked eye can make nothing of it, the spermatozoon of the male and the ovum of the female, does at any rate contain, in a latent state, the essential characters of the mind and body of the individual from whom it has proceeded; and as we are utterly ignorant how this mysterious effect is accomplished, we are certainly not in a position to deny that what is true of the spermatozoon and ovum may be true of other organic elements. And if this be so, then those who profess to discover the character of the individual in the character of the nose, the hand, the features, or other part of the body, may have a foundation of truth for speculations which are yet only vague, fanciful, and valueless.

Perhaps we do not, as physicians, consider sufficiently the influence of mental states in the production of disease, and their importance as symptoms, or take all the advantage which we might take of them in our efforts to cure it. Quackery seems to have here got hold of a truth which legitimate medicine fails to appreciate and use adequately. Assuredly the most successful physician is he who, inspiring the greatest confidence in his remedies, strengthens and exalts the imagination of his patient: if he orders a few drops of peppermint-water with the confident air of curing the disease, will he not really do more sometimes for the patient than one who treats him in the most approved scientific way, but without inspiring a conviction of reco-

very? Ceremonies, charms, gesticulations, amulets, and the like, have in all ages and among all nations been greatly esteemed and largely used in the treatment of disease; and it may be speciously presumed that they have derived their power, not from any contract with the supernatural, but, as Bacon observes, by strengthening and exalting the imagination of him who used them. Entirely ignorant as we are, and probably ever shall be, of the nature of mind, groping feebly for the laws of its operation, we certainly cannot venture to set bounds to its power over those intimate and insensible molecular movements which are the basis of all our visible bodily functions, any more than we can justly venture to set bounds to its action in the vast and ever-progressing evolution of nature, of which all our thoughts and works are but a part. This much we do know: that as, on the one hand, in the macrocosm of nature, it is certain that the true idea once evolved is imperishable—that it passes from individual to individual, from nation to nation, from generation to generation, becoming the eternal and exalting possession of man; so, on the other hand, in the microcosm of the body, which some ignorantly despise, there are many more things in the reciprocal action of mind and organic element than are yet dreamt of in our philosophy.

CLINICAL ILLUSTRATIONS OF DISEASES OF THE ABDOMINAL VISCERA.

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HYDATID DISEASE OF THE LIVER.

IT is not my intention to consider the etiology of hydatid disease. This has been fully entered into in works accessible to all, and I have no new light to throw upon the subject. I purpose, in the present short paper, merely to adduce one or two practical illustrations of the symptoms, diagnosis, course, and treatment of the affection when implicating the liver.

Hydatid tumour of the liver is of rare occurrence among sailors. I have had but one case under my care at the Seamen's Hospital in the last ten years. Mr. Busk had but two cases during his long connexion with this institution, and Dr. Budd, during his shorter association with it, only one. It would seem, also, according to Morehead, to be rare in India; this physician having met with only two cases there, one of which had been developed in Europe.

The disease generally exhibits itself as a tumour, of variable size, situated either in the right hypochondrium or in the epigastric region, evenly globular in its early stages, firm, resisting, with sense of elasticity and sometimes of fluctuation. Frerichs also notices, as peculiar to such tumour, a vibration or trembling which is felt when the surface is compressed gently by two fingers of the left hand and struck abruptly with the right hand; but he does not consider such symptom as constant, it having been present in only one-half of his cases. If the tumour is situated behind the liver, it will, as it develops, push this organ forwards, flatten it, and increase the area of dulness. The tumour may last for a considerable time, and increase to some extent, and the patient nevertheless remain free from constitutional disturbance, perform all his functions well, and keep in good condition. When, however, it has attained to a large size it will give rise to various symptoms: to a sense of tightness and distension; if it presses upwards, to embarrassed breathing, irritative cough, palpitations; if upon the abdominal viscera, to interference with their functions. In the case presently to be recorded, among the prominent symptoms was a dull, gnawing pain, extending from the right lumbar region forwards, and somewhat paroxysmal. Irregularity of bowels was another constant symptom. At last, from pressure upon the portal vein, there was some ascites, and from pressure on the right iliac vein, œdema of right lower extremity. In Morehead's cases there was present a gnawing, paroxysmal, epigastric pain, which was worse when the stomach was empty, and was accompanied with marked dyspeptic symptoms.

Hydatid tumour of the liver is not always easily diagnosed; but the peculiar features of the tumour which I have indicated, and its compatibility, up to an advanced stage, with a good state of health, will point to its nature. Abscess of the liver may be distinguished by local and distant pain, the frequent antecedence of dysentery, the existence of constitutional symptoms—as hectic fever, rigors, &c. Cancer of the liver will be marked by the irregularly nodulated surface of the enlarged viscus, by the rapid development of the disease, and the cachectic aspect, wasting, and loss of power with which it is associated. I saw a little time since, in conjunction with my friend Mr. Ross, of the Commercial-road, a patient who had an epigastric tumour of even spherical shape; but the strong pulsations, elevating the head as one auscultated it, the bruit traceable along the aorta, before and behind, pointed to its aneurismal nature. The site, the pyriform shape and limited size, and the usual accompaniment of jaundice, will distinguish from hydatids the tumour caused by a distended gall-bladder. There was some difficulty in determining the nature of the affection in the subject of my second case; but careful percussion and palpation led to correct diagnosis, and showed that the tumour was extra-pleuritic, and connected with the left lobe of the liver. Frerichs thinks that hydatid disease of the liver is more frequently confounded with localised pleuritic effusion at the base of the chest than with any other affection. He shows that the same physical signs—as dulness on percussion, absence of vocal thrill, intercostal fluctuation—would be present in both cases. He rests the diagnosis on the fact that the line of dulness on percussion would present a curve, the convexity of which would look upwards in one affection, downwards in the other. The following case, which was for some months in the Seamen's Hospital, affords an excellent illustration of the affection under consideration, and of the post-mortem appearances afforded by a hydatid cyst in an advanced stage of development.

CASE 1.—J. H——, aged thirty-six, a sailor, was admitted into the *Dreadnought* on Sept. 19th, 1861, for an abdominal tumour, incapacitating for work. He states that he has made many voyages to the East and West Indies, but has never remained ashore for any long time. Fourteen years ago, in Jamaica, after drinking new rum and exposure at night, he had fever, which from his account must have been yellow fever. Since then has had no other illness. Some months before he noticed anything amiss with him he had been at the Australian gold-diggings, where he drank hard. He observed for the first time about four years ago that his right side was enlarging beneath the small ribs, and that he had occasional gnawing pains over the site of this enlargement. Since then the swelling has gradually increased in size, and for the last two years and a half he has been unable to work. He has latterly had a dull, aching pain extending from the right lumbar region forwards, and for a long time has had gradually increasing dyspnœa. His bowels act irregularly; sometimes there is no evacuation for six or seven days, and then he is much purged; stools usually of light colour. Has never had vomiting or jaundice. Urine free, of good colour, and free from albumen. He has been gradually losing flesh for the last year and a half, and his strength now fails much. A tumour occupies the abdomen as low down as a line half-way from the umbilicus to the pubes, most prominent on the right side, where the ribs are much elevated; it extends also into the left hypochondriac and lumbar regions; it is firm and elastic to the touch, and with gentle tapping indistinct fluctuation is felt. In the middle of October he complained at times of what he called a deadening pain in the loins. There was now some fluid in the abdominal cavity and œdema of right leg and thigh.

Oct. 20th.—Tumour firm and elastic, as before, and increasing in size; percussion now elicits a marked vibratory thrill. A night or two after this date he began to vomit much thin fluid of a dull, yellowish-green colour; this continued through the night, with considerable pain over the abdomen. The day following much prostration ensued, and he gradually sank.

Post-mortem examination.—On removing the abdominal walls over the right part and lower margin of the liver, there was a thin layer of recent lymph, and the margin of the liver extended to the supposed limit of the tumour. On lifting up the liver slightly, the hand came upon a firm

elastic tumour, which was closely connected with the liver above, and covered by it in its whole anterior extent. In attempting to remove the tumour whole from its attachments behind, the knife unfortunately entered it, and a large quantity of clear, pale-yellow, limpid fluid escaped, —about a gallon in all. When removed, the tumour was laid open, and found to consist of one immense hydatid cyst; its proper membrane in parts being about a quarter of an inch thick, and in some parts looking like boiled white of egg, in others having a gelatinous consistence. The cyst was connected with nearly all the left lobe of the liver, and a large part of the right; and the latter, much flattened out, covered a considerable part of its anterior wall. Six or eight secondary cysts were found in the mother cyst, varying in size from a pea to a hazel nut. Echinococci were abundant in the fluid, and in the matter scraped from the walls of the cyst.

Hydatid tumour of the liver may last for years, and be compatible with an average state of health, or at an early or advanced period of its existence it may terminate in one of the following ways:—

1. As in the case just narrated, it may from its bulk and position press upon and interfere with vital parts and organs. Pressure upon the large venous trunks may induce ascites and dropsy of the lower extremities; pressure upon the stomach and intestine may obstruct functions connected with assimilation, induce failure of strength and flesh, and ultimately death from exhaustion.

2. The tumour may contract adhesion with the diaphragm; ulcerative action through this may be set up, and either (*a*) discharge of contents of tumour may take place into the pleura, and fatal pleuritis result, or (*b*) further adhesions and ulceration may effect communication with lung, pneumonic symptoms be the result, and the contents of the sac, mixed with products of inflammation, be expectorated.

3. Adhesions may be effected with some part of the alimentary canal, and the contents of the sac be discharged by vomiting or stool.

4. Rupture of the sac may be effected by blow or otherwise, the contents be discharged into the peritoneum, and fatal peritonitis result.

5. Frerichs and Budd notice a possible cure by the obliteration of the sac by a putty-like matter gradually forming within it, which involves, or perhaps results from, the death of the cysts.

6. The tumour may contract adhesions with the parietes, and point externally, and be opened, or evacuate its contents by natural process. A blow or pressure may previously have set up suppurative inflammation in the sac, and then the risk will be greater, and there will be difficulty, as in Mr. Knipe's case (reported by me in THE LANCET for October, 1868) in distinguishing from hepatic abscess.

In the earlier stages of this affection a fair trial may be given to iodide of potassium, which has been found by some practitioners to be efficacious in producing absorption of the contents of the sac. So long as the tumour induces no distressing symptoms, and does not interfere with the functions of any organ, there is, perhaps, no indication for operation. When, however, the tumour is increasing prominently, is the seat of pain or distressing distension, and is causing, as in case to be cited, such symptoms as difficulty of breathing, &c., it will be well at once to have recourse to puncture. Indeed it is a question whether in all cases, when the disease is sufficiently developed, while the cyst is yet perhaps but single and the walls elastic, it is not the best course to puncture with a fine trocar, and let out the contents. I remarked, when treating of abscess of the liver, that modern surgery had taught us that we might take more liberties with the peritoneum than formerly we should have dared to do; and by attention to precautionary measures, which were practised in the case I now introduce, the danger attending the puncture of an hydatid tumour may be reduced to a minimum.

CASE 2.—E. A——, aged thirty-six, a married woman, who had been residing in a healthy part of Essex, was admitted under the care of Dr. Ward, at Victoria-park Hospital, on August 3rd, 1867. Has had no family; previous health always good. She states that she has not been in the habit of leaning upon her stomach; but that fourteen years ago she struck her stomach against the back of a chair. She has for many years felt tenderness in the epigastrium. Three years ago she suffered for a time pain in the left hypochondrium, with dyspnœa. This pain went away for a year, but has recurred three or four times since, lasting on each occasion only for a few days. Six years ago she perceived swelling in the epigastrium. This has increased, and she has suffered considerably from pain in the back and beneath the shoulders.

Symptoms on admission. — A healthy, strong-looking woman, with dark hair and florid complexion; was able, until lately, to work as usual, but had to give it up on account of pain in the back. Pulse 92, full and regular; breath short upon exertion; tongue clean, appetite good, bowels regular. There is a large tumour, occupying the whole of the left hypochondrium, and part of the epigastrium. The dulness extends two inches to the right of the median line, and to within two inches of the umbilicus; it is continuous with that of the liver and heart, and is separated by a resonant interval from the spleen. The false ribs and cartilages on the left side bulge considerably. The tumour is tense, elastic, with deep fluctuation. There are, apparently, no adhesions between it and the parietal wall. At its higher portion, in the median line, there is some tenderness, and at the lower part a bruit can be heard on pressure. She complains of a gnawing pain in the back and between the shoulders, which disturbs her sleep. Catamenia regular.

August 20th.—A bandage was applied over the lower part of the abdomen, and of the tumour, which was then tapped by Mr. Power, the resident medical officer, at the tender spot with a fine trocar; thirty-seven ounces of fluid were evacuated, at first clear, afterwards of a pinkish colour, and turbid. Digital pressure was kept up for an hour; a compress was then placed over the puncture, and a flannel bandage was firmly applied. Forty drops of hydrochlorate of morphia solution were given. On microscopic examination, the fluid was found to contain a quantity of red corpuscles and cells of the same size, upon which could be seen a circle of very small spines.

21st.—Has passed a fair night; very little pain, chiefly in the back and side, but not in the neighbourhood of the puncture. Is quite comfortable; skin soft and warm; pulse and respiration natural; bowels not opened since the tapping. To be kept perfectly quiet in bed, and on light diet.

27th.—Has progressed without a single bad symptom; her only annoyance having been the pressure of the bandage. Bowels acted yesterday for the first time since the operation. Has been taking solid food for the last two days.

Sept. 3rd.—Bandage removed. Upper line of dulness not altered; lower, nearly one inch higher. Abdominal wall does not move over the tumour. No fluctuation. Prominence of left hypochondrium continues. Patient allowed to sit up.

On Sept. 4th a plaster of ammonia with mercury was applied, and over it a linen bandage; and on the 7th the patient left in good health.

On Jan. 24th, 1868, she wrote, in answer to a note respecting her health: "I am happy to say that I have not felt anything of my side; only sometimes I have felt a little fulness in it, and a slight pain in my back, but nothing of any account." From an account received in Dec. 1868, it appears that the side is again enlarging; so that the patient will probably come again under treatment.*

CASE OF COMPLICATED LITHOTOMY SUCCESSFULLY TREATED.

BY LAWSON TAIT, L.R.C.S. ED., M.R.C.S. ENG.

R. G——, aged thirty-six, was sent to me by my friend, Mr. Hirst, of Boyne-hill, in February last, on account of some bladder symptoms, and a fistula in perineo, complicating a stricture. The stricture admitted a No. 5 bougie, and on the instrument reaching the bladder it impinged on, as I thought, two rough calculi. Two false passages which ex-

* This case came again under notice last December. The tumour was then much larger than at first, and was causing great distress; and it was deemed advisable to have recourse to tapping. Mr. Gay and Dr. Ward visited the patient, with the purpose of performing the operation; but, shortly before their arrival, an opening had been effected into the alimentary canal, and the fluid contents of the tumour had been discharged by the mouth.

isted in the neighbourhood of the stricture rendered it impossible to get an instrument with the sharp curve of a sound into the bladder. Examination by the rectum discovered a prostatic tumour, about the size of a walnut, situated posterior and slightly to the left of the urethra,—in fact, directly in the way of the lateral incision. From the hardness of the tumour, I thought it might be a prostatic calculus. Examination of the urine showed it to be free from albumen and tube-casts; but pus and oxalate crystals existed in abundance. The patient also drew my attention to a very profuse purpuric rash which covered his legs, and I found that his gums were spongy.

His sufferings were very great; he had not been able to work for many months; the stricture had existed for twelve years, and the fistula—which consisted of two tracks leading from behind the triangular ligament forward to the posterior edge of the scrotum—and purpura had existed many months. Altogether the conditions were nearly as unfavourable as it is well possible to imagine. Crushing was utterly out of the question, and I resolved to cut. But there was before my eyes the fear of hæmorrhage owing to the purpura. He therefore went back to the country, continued the appropriate treatment employed by Mr. Hirst, and returned in about a month, somewhat improved in health.

On the morning of March 2nd, when I had resolved to operate, he presented, however, a fresh crop of purpuric rash, a circumstance which very nearly prevented me from proceeding; but with the kind co-operation of Messrs. Hirst, Hollings, G. F. Naylor, and other friends, I accomplished the following operation:—

Having passed a small curved staff into the bladder, I passed a probe down that fistulous track nearer the middle line, and, slitting up its posterior third, my knife entered the staff as if for perineal section, divided the stricture, was then turned as for the lateral incision, and passed on to the prostate. Here I found a little difficulty in keeping the knife in the groove of the staff; but with care I passed the knife into the bladder, cutting through an abnormally resisting structure. Following with my left forefinger, I at once recognised this structure as a very large instance of the prostatic myoma described by Thompson and Virchow, and by the removal of which, in certain cases, Sir William Fergusson has recently added something new to the operation of lithotomy, and not a little to his already immense reputation for skill and daring in operative surgery. My finger next recognised that, instead of two stones, the bladder was occupied by one large calculus of an oblong ovoid shape, and with a circular constriction in the middle, which had conveyed to me the false impression of the presence of two calculi. Had I been able to introduce a sound into the bladder, I might have avoided this mistake. The calculus proved to be a mulberry specimen, weighing five hundred grains. Introducing a probe-pointed bistoury along my finger, I extended the lateral incision through the tumour to an extent which I thought needful for the extraction of the stone, and the result was that I either completely or almost completely bisected the tumour, which was very resisting, and projected a good deal into the bladder. The removal of the stone was not difficult, but needed a little dragging. After its removal, examination of the wound showed me that the segments of the tumour had been partially dislodged—that it was capsulated, and might be removed. I was strongly inclined to attempt its removal; but, having waited a few minutes, and found that there was no bleeding, I hesitated to run further risk, and, remarking that the section of the tumour might lead to its atrophy, I desisted from further interference with it. I think that the result justified my discretion, because oozing of blood went on for three days, when it was checked by a few doses of turpentine. Had I torn across a small artery in the removal of the tumour in a position where I could not have reached it, the result might have been fatal. It is, however, as Sir William Fergusson has written to me on the subject, all well that ends well, and the patient went home on the seventeenth day with the wound all but healed, the fistulous tracks closed, and No. 9 catheter could be passed easily into his bladder.

With reference to the tumour, Sir William writes that he would probably have removed it, and he would, of course, have been justified in so doing. But, for my part, this was a point which was decided mainly on selfish grounds. I did not dare to run the risk of any further complication—a risk which would have been nothing to the Professor of Surgery at King's College. Sir William has given me his opinion that the tumour will probably not atrophy, against my own hope that it might, as similar growths sometimes do in the uterus after an incision.

Wakefield, March, 1870.

ON A CASE OF MALIGNANT SCARLET FEVER.

DEATH IN FORTY HOURS.

BY J. J. THOMPSON, F.R.C.S.I.,
SURGEON 2ND BATT. 9TH REGIMENT.

THE interesting lecture on Scarlet Fever delivered by Sir Wm. Jenner at University College Hospital, and published in THE LANCET of January 8th last, induces me to send for publication a case which occurred in this garrison lately, as it was very similar to some of the cases alluded to by that physician in his lecture.

The case which has come under my observation is remarkable, as showing how rapidly fatal the malignant form of scarlet fever may prove in a young and otherwise healthy man. Such was the intensity of the blood-poison in this instance that the man seemed suddenly struck down by it, and the case was evidently hopeless from the first. As has been so often noticed by other observers, the urgency of the local throat affection was by no means proportionate to the virulence of the constitutional phenomena.

On Thursday evening, Feb. 10th, 1870, at six o'clock, a young recruit from the depôt brigade of Foot Guards, in garrison at Warley, reported himself sick, and was at once admitted to hospital. He had been quartered at Warley since December last, and had the appearance as well as the character of being a strong and healthy man. He attended his usual drill the same afternoon (Thursday), and it was merely remarked by the drill corporal that he was not as smart as usual. There is no history of contagion, and the period of incubation must be conjectural.

On admission, he complained of his throat being very sore and of a general feeling of illness. When seen directly afterwards, he was lying on his back, low in the bed; his face was congested; eyes suffused; pulse small and frequent; and his tongue was covered with a dirty, creamy coat.

Next morning (Friday) the constitutional symptoms were of a marked asthenic character; pulse 120, feeble and quick; tongue dry and brown in centre; face of a dusky leaden hue, and the abdomen and chest were covered with a dusky red efflorescence; the fauces, uvula, and tonsils were livid and swollen. Towards the evening he became worse, and during the night delirium, not of a violent character, was incessant, and he died at ten o'clock on Saturday morning, about forty hours from the time of his admission.

Wine and beef-tea were freely given from the first, as well as chlorate of potash and diffusable stimulants.

Warley Barracks, Essex, Feb. 1870.

PRIMARY AMPUTATION OF SHOULDER-JOINT SUCCESSFULLY PERFORMED AT THE PATIENT'S HOME; RECOVERY.

BY C. E. SAUNDERS, M.D.

AT a time when the relative merits of hospital and home practice, as affecting capital operations, are under discussion, the following case of primary amputation may prove of some interest. Occurring, as it did, in a house the general arrangements of which were none too well regulated; nursed by zealous, it is true, but by no means skilled, hands; while it had, on the favourable side of the question, the all-important advantages of pure air, quiet, and, to a patient of such tender years, familiar surroundings, it offers, I think, a fair case for comparison.

On August 12th, 1869, I was summoned to attend H.

H——, a child of two and a half years old, who, about two hours previously, while playing in the road, had been knocked down, and his left arm run over by a waggon heavily laden with deals (the combined weight of which was between five and six tons). All other parts of his body escaped. He immediately jumped up, and ran across the road to his mother, who, engaged in conversation with a neighbour, had not witnessed the accident.

I found him sleeping quietly. The surface of the body was warm, and his pulse regular, and of fair power. There had been no great hæmorrhage, and it had now entirely ceased. On examining the arm, it was found that it had sustained the following injuries. The skin and superficial fascia, from an inch below the bend of the elbow to the acromion process of the scapula, was cleanly dissected off the muscles beneath in the entire circumference of the limb. A wound, on the anterior aspect of this detached skin, extended from its commencement to the middle of the arm, and through this the humerus projected, fractured obliquely from above downwards, and within outwards; the upper extremity of fracture extending as high as the anatomical neck of the humerus, and slightly lacerating the capsular ligament. The lower fragment was separated from the upper by an interval of three inches, the continuity of the limb being alone maintained by a tubular portion of skin and superficial fascia; the muscles, arteries, and nerves having been completely torn across. From the character of these injuries, it would seem that the waggon must have rolled the arm round—and from the breadth of the wheel (four inches and a half), nearly the length of the arm itself, one can easily understand how this might happen,—the skin alone, from its elasticity, resisting the crushing weight, and only lacerated by the broken fragment of bone. On dissecting the limb after amputation, it was found that the condyles were fractured transversely, and the edge of the olecranon fossa crumbled down.

The little patient being placed under the influence of chloroform by Dr. Byass, I proceeded to remove the limb. Standing behind the patient, I entered my knife behind the spine of the scapula, at the posterior border of axilla, and carrying it across the anterior aspect of the joint, brought it out at the coracoid process, and made the anterior flap. This being raised by an assistant, the capsule of the joint was opened, and the muscles attached to the tuberosity were divided. Owing to the small fragment of bone remaining, little more than the head of the humerus, it was not easy to effect disarticulation. This being done, however, and keeping my knife close to the bone, I made the posterior flap, but waited to divide the axillary artery until my assistant, Mr. Wright, cleverly following my knife closely up, had the artery completely under control. By these precautions, not more than half an ounce of blood was lost during the whole of the operation—a point which could not fail to have a favourable influence on the success of the case. The anterior flap was composed of a double layer of skin dissected up at the time of the accident, as before described, and the mass of muscle, bruised and lacerated however, made by my incision. From this I anticipated some trouble, but was agreeably disappointed. The axillary artery alone required a ligature. Three sutures were put in, and the stump lightly bandaged.

On examining now the body for any other injury, it was noticed that the external meatus of the left ear was filled with blood; and, in connexion with the fact that the child was very drowsy, I was led to fear that some injury to the skull had occurred. I wiped the blood away, but again it appeared. I did not, however, make quite sure that the meatus beyond the range of casual observance was clear, and from the bleeding not recurring after my departure, and no head symptoms having manifested themselves, I conclude now that the blood had simply trickled in at the time of accident or operation. Feeling, however, a doubt at the time, I had the head shaved and applied ice.

Aug. 13th.—Has had some disturbed sleep; very feverish; pulse small and rapid; subsultus tendinum; tongue coated with white fur; has passed urine.

14th.—Bowels moved; has been restless, but had a little sleep. To have saline mixture. Wound dressed; a quantity of dark serous fluid distending the flaps; edges of flaps look healthy.

15th.—Bruising behind shoulder-joint more apparent; pad placed over anterior flap to prevent collection of fluid, which still looks like dark-coloured serum. The value of well-arranged pads over a deeply seated, pus-forming cavity, preventing, as it does, collection of matter, and affording support for the new granulations, cannot be too highly esteemed, and is preferable, in my opinion, where practicable, to the drainage-tube, valuable as this is in sinuses. This rule of practice I have to thank my old master, Mr. Solly, for inculcating. One suture was removed to give freer vent to discharge. Pulse becoming quieter and tongue cleaning.

16th.—Sleeps well; fever abating; takes broth and milk freely; sits up and feeds himself; is cheerful, and notices his friends. Another suture removed. Warm-water dressing to be applied three times a day.

17th. — Discharge becoming thicker, and more like laudable pus. On gently raising the edge of the flap, granulations are seen clean and florid. A lotion of carbolic acid used when the arm is dressed.

18th.—Has a slight attack of bronchitis; bowels daily relieved.

22nd.—Cough better; sleeps well at night; seldom complains of pain in the arm.

24th.—Wound in middle half healed; not much discharge, and that healthy.

28th.—Ligature came away.

Sept. 2nd.—Wound healing, but great tendency to collection of matter; the pads being still indispensable.

10th.—Wound to be syringed with tincture of benzoin and rectified spirits of wine, equal parts.

17th.—Wound nearly healed in whole extent. The patient is up and dressed.

30th.—Runs about quite convalescent, and wound soundly healed.

Cuckfield, Sussex, March, 1870.

ON THE USE OF

NITROUS OXIDE GAS AS AN ANÆSTHETIC IN SURGERY, WITH COXETER'S LIQUID GAS.

BY CHAS. JAS. FOX, M.R.C.S., L.D.S.,

DENTAL SURGEON TO THE DENTAL HOSPITAL OF LONDON AND TO THE GREAT NORTHERN HOSPITAL.

IT may be fairly assumed that nitrous oxide is now admitted by all who have had any experience with it whatever to be a safe, rapid, and effectual anæsthetic for short operations. I use the term anæsthetic as it is generally understood, without entering upon the question as to whether the gas is or is not a true anæsthetic. That it possesses the power of inducing a condition in which painful operations may be effected without the patient's cognisance is an undeniable fact, and sufficient for my present purpose.

It is difficult to witness daily the delight of those who, in my specialty, have experienced the relief afforded by the gas, and compare it with the torpid misery of those who have been relieved from their pain under the influence of chloroform, without feeling an almost irrepressible desire to see the comfort of the gas extended to those who have to undergo more severe operations. This must be my excuse for entering upon a field which might be more fitly occupied by some of those whose practice is more exclusively devoted to general surgery; but I am so impressed with the belief that this anæsthetic would, if properly and fairly tried in general surgery, prove an inestimable boon in thousands of cases, that I cannot refrain from endeavouring to turn the attention of medical men more earnestly to the subject. I am far from desiring to depreciate the value of chloroform; in many cases it will continue to be the only anæsthetic that can or may be used; and, if I may be allowed a short digression, I would add that the rapidity with which a patient is anæsthetised by it is as much greater, and his recovery therefrom is as much more satisfactory, when Mr. Clover's apparatus is employed instead of any other mode of inhalation, as—so far as my experience goes—the effect of nitrous oxide is more satisfactory on both points, than that of chloroform by any mode of administration.

I should be very sorry to have it supposed from the above remarks that I do not believe it possible to have a fatal case with nitrous oxide. I should be rash indeed were I to advance any such opinion, and every additional case only makes me more cautious, more watchful, lest a fatality that may occur to any one of us, may fall to my lot; but as yet only one death has ever been *directly* ascribed to the use of the gas, and that took place six years ago. In urging its adoption in general surgery, I am aware that I am largely increasing the chances of a fatal case occurring, not so much from the increase in the number of cases as from the fact that it will be more frequently given to patients whose diseased state renders them less able to encounter any such change from their normal condition, whether induced by chloroform or gas.

The reasons why I advocate the use of nitrous oxide in surgery are—

1st. Its safety.

2nd. The rapidity with which anæsthesia can be induced—viz., from 50 to 100 seconds.

3rd. The readiness with which a patient can either be kept for a prolonged period in the anæsthetic state, or, if the surgeon so wills, can be promptly and thoroughly awakened.

4th. Because it is actually pleasant to the patient to inhale, and, therefore, much fright and mental distress is avoided, diminishing the danger of death by syncope.

5th. Because the recovery is usually bright, pleasant, and complete, any after discomfort being extremely rare.

6th. Because sickness has never, to my knowledge, occurred during the administration of this anæsthetic, and but *rarely* afterwards.

First, then, as to its safety. As far as we can judge from statistics, up to the present time it is the safest anæsthetic in use; but then, with but few exceptions, it has only been used in short operations—such as the extraction of teeth. On the other hand, it must be borne in mind that many of the deaths from chloroform have occurred in just such cases, and, moreover, that when greater operations have been contemplated, death from chloroform has most frequently occurred in the first few minutes of inhalation. Nevertheless, until nitrous oxide has been extensively used in capital operations, I cannot plead more positively for its greater safety than I have already done, further than to repeat that, as far as it has been tried, it *has* proved the safest anæsthetic, and we have every right, upon the evidence before us, to trust it until the reverse is proved.

2nd. The rapidity with which anæsthesia can be induced, varying from a minute to a minute and a half, results in a great saving of time to an operator at an hospital, his colleagues, and the assembled students. Besides, all sense of consciousness to surrounding objects is most frequently lost in from thirty to sixty seconds, although not insensibility to pain; apart from the saving of time, surely this must be admitted to be an additional source of safety to the patient, inasmuch as a long period of nervous fright and terror is quickly passed over, and there is, therefore, far less danger of that death from fright to which we so often hear allusions made when a fatal chloroform case occurs.

3rd. With regard to my third reason, it may happen that a patient is brought to the table for an injury to be painfully examined with bistoury and probe, with the understanding that possibly a severe operation may be the result. Should it happen, as it sometimes does, that the result is favourable, how preferable it is to be able to allow patients to wake up promptly to the pleasing intelligence, rather than that they should endure hours of depression and nausea for so simple a matter; on the other hand, should operation be determined upon, there is no difficulty in maintaining the anæsthesia.

4th. The fact that the gas is pleasant to inhale tends also very far to reassure a nervous patient. In over 1500 cases I have not met with more than three or four who professed to dislike the slightly sweetish taste of the gas, and the probability is, had they inhaled chloroform, this dislike would have been much more strongly expressed.

5th. The bright and rapid recovery, free from all unpleasant results, appears to me a great argument in favour of the gas. It often happens that short sharp operations have to be performed, which in themselves would not incapacitate patients from leaving the hospital at once; but, from the effects of chloroform, they are obliged to remain on a bed in the ward, sometimes for hours after, to the additional labour of nurses and the distress of their friends; whereas, if they have inhaled nitrous oxide, they are able at once to leave the hospital, feeling nothing worse than the smarting of the wound.

A singular case in evidence of the fact that no after ill-effects result from the gas I have permission to mention; it is that of M. Blondin, who on two occasions performed all his most difficult feats on the high rope, 400 feet long, within three hours after I had given him the gas for some extremely severe dental operations. If ever a clear head and steady nerves were needed so soon after an anæsthetic, it must be confessed his was a pretty severe test for them. That the gas is actually pleasant to patients I have been repeatedly assured by them, and those who have had chloroform often previously, have warmly declared their preference for the gas. I am speaking now especially of surgical cases.

6th. With reference to the sixth argument in favour of the gas, in many operations it is a very important one; but it is one that can only be maintained after a prolonged trial of the gas in severe operations. As yet I have never seen a patient become sick in the course of inhaling; only once I have known a patient express herself as feeling sick from nervousness, and she was actually so immediately the face-piece was applied. She told me that the slightest unusual excitement brought on sickness with her. In the large number of cases that I have now seen I have only met with four cases of sickness after the operation, and the patients were all right directly they had been sick.

(To be continued.)

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum propriis collectas habere, et inter se comparare.—MORGAGNI: *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

OPERATIONS BY MR. PAGET.

Removal of Sebaceous Tumours from the Neck.—The operation in this case consisted in the excision of two large cystic tumours, each being placed on opposite sides of the neck, behind and partly below the lower jaw. These tumours, when removed, proved to be well-marked specimens of the ordinary sebaceous or cutaneous cyst, with a tough, white capsule, and thick honey-like contents. The excision of these cervical tumours was rendered more difficult than usual, in consequence of the close adhesion of their walls to the surrounding soft parts. In some remarks made after the operation, Mr. Paget stated that sebaceous cysts were formed by the distension of hair-follicles, and the accumulation within the sac of epidermic cells and the products of cutaneous secretion. The inner surface of the enveloping membrane is lined by epidermic cells, which are secreted and thrown off layer after layer, and accumulate within the cyst. These tumours are very common on the scalp, and may be frequently met with on the trunk and limbs. In the neck they have been but rarely observed. A sebaceous cyst, when seated on the trunk or one of the limbs, generally presents on its surface a small dark spot, which corresponds to the occluded duct of the follicle, and through which the contents of the cyst can be forced out after the introduction of a minute probe. In cysts on the scalp this dark spot does not exist, and probably is not to be met with in cysts upon the neck, since in neither of the growths removed by Mr. Paget could a speck of this kind be seen.

Excision of Joints.—On the following Saturday Mr. Paget performed amputation of the left thigh in a case where excision of the knee-joint had failed. The patient was an unhealthy lad, of a feeble constitution. The operation of

excision had been performed about twelve months previously, the articular disease consisting in ulceration of the cartilages, and chronic inflammation of the ends of the bones. The case did not progress very favourably; and eight months afterwards another operation was performed for the removal of carious bone from the divided surfaces of the femur and tibia, between which there was very little union. Amputation was finally decided upon, as no good result followed the second operation. After the removal of the limb, it was found that there had been little or no attempt at union between the bones. They could be readily separated; and their opposed surfaces were of a dark-red colour, and presented at several points fragments of carious osseous tissue. Mr. Paget stated that there had been for some time in the parts about the seat of the excision a continuance of the disease for which the operation had, in the first instance, been performed.

A second child was then brought into the operating theatre suffering from disease of the right elbow. Excision was performed, a single longitudinal incision being made at the back of the joint. After the operation Mr. Paget stated that the articular disease in this case was similar to that with which the knee-joint in the previous case had been affected, and for which excision had been performed. In the elbow, as in the knee, the joint cavity contained pus, the synovial membrane was swollen and pulpy, the articular cartilages removed, and the ends of the bones covered by soft, spongy granulations. Although the operation of excision had been so unfavourable in its results in the case of the knee, it was still justifiable, even though the disease was of the same character in both instances, to prefer excision of the elbow to amputation of the upper limb. In excision of the elbow, a far larger proportion of cases is followed by a favourable result than in excision of the knee. In fact, failure of excision of the elbow is of very rare occurrence; whilst after removal of a diseased knee-joint a relapse is not unfrequently met with.

WESTMINSTER HOSPITAL.

A CASE OF POPLITEAL ANEURISM TREATED BY DIGITAL COMPRESSION; CURED IN SIXTEEN HOURS.

(Under the care of Mr. B. HOLT.)

THE following case, for the notes of which we have to thank Mr. M'Cann, house-surgeon, is interesting on account of the short time in which a cure was effected, as well as the freedom from pain during its treatment.

John G——, aged forty-one, was admitted on Feb. 10th, 1870, suffering from popliteal aneurism. He was a private in the 90th Foot for twenty-two years, during which time he was subjected to hard work, lifting heavy baggage when changing barracks, and carrying it up and down stairs to the waggons. He left the army in 1869, and followed the calling of a tailor, when he was in the habit of easing his left leg by placing the right foot under it, finding it gave him pain to sit crosslegged.

About five months ago he experienced cramps in the left leg whilst in bed; the pain was so great that he was obliged to get up, and walk about the room. The cramp and pain then ceased, and he felt quite well for a fortnight or three weeks, when the pain returned, extending to leg and thigh. At this time he noticed a small lump in the left ham, about the size of a marble, which gradually and steadily increased to that of a hen's egg.

In February, 1870, the pain became so severe that he took to his bed; the leg could not be extended, and his walking was much interfered with. He then sought relief. He was a moderately well-nourished man; heart sounds healthy at apex, but at the base the first sound was much masked by the second, and appeared faint. Pulse 90, irritable. An aneurism existed in the left ham, the size of a hen's egg, pulsating expansively with the heart's systole. Pressure on the left femoral in Scarpa's triangle annulled pulsation and bruit. The tumour necessitated the flexion of the leg on the thigh at an angle of thirty degrees. The anterior and posterior tibials beat feebly as compared with the same vessels on the opposite side. The actual dimensions of the aneurism may be represented as 2½ by 1½ inches.

Mr. Barnard Holt gave directions as to the treatment of the aneurism by digital compression. Accordingly a relay of assistants, students at the hospital, having been secured, treatment was commenced on Feb. 15th, at 11 A.M., and kept up till 12 noon on the 16th; but, although thus continued, all pulsation had ceased at 3 A.M., sixteen hours from the time this treatment was adopted. As a proof of the painless nature of the proceeding, it may be mentioned that the patient slept on one or two occasions for a considerable time while the pressure was being made. Pressure with the thumb was made on the left femoral as it passes over the os pubis. Six students took part in the duty by turns, the place of pressure not being varied, and the time occupied by each being at first half an hour and subsequently a quarter of an hour, as it was found that equable pressure could not be kept up for a longer time. The temperature of the limb sank about two degrees, but regained the same as its fellow on the second day.

Up to the date of our report (Feb. 28th) the patient has remained quietly in bed, the aneurismal clot contracting and hardening; no pulsation to be felt in either the anterior or posterior tibials (left), but the left anastomotica magna is larger than that of the right.

A CASE OF POPLITEAL ANEURISM.

(Under the care of Mr. G. E. LEGGE PEARSE.)

The following is another example of popliteal aneurism cured by pressure, but in this case by means of tourniquets. The patient presented himself for examination at the hospital in November last, when it was found that the tumour had entirely disappeared, and very slight stiffness of the knee was all that remained. We are indebted to Mr. Lloyd, house-surgeon, for the notes.

Hugh C——, aged twenty-three, was admitted on the 29th May, 1869, suffering from a popliteal aneurism, of the size of a small orange, occupying the middle of the right ham. All the signs of an aneurism were well marked; pulsation and expansion were very evident throughout the sac. On compressing the femoral artery the tumour became soft and flaccid, and could be very nearly emptied, all pulsation ceasing, and a distinct systolic bruit, which was previously heard, being discontinued. There was very little pain or tenderness in the tumour, but considerable uneasiness and stiffness in the whole of the affected limb. The man first came among the out-patients, being quite ignorant of the gravity of his ailment, and stated that three weeks before his admission, whilst running, he was seized with severe pain in the calf. He took no notice of it at the time, but, feeling the leg stiff some days after, was led to examine it, and noticed a small swelling, which had gradually increased up to the time of his applying for relief. The patient was a vagrant, who attended race-courses in all parts of the country, and obtained his livelihood as a courier, frequently running many miles across country, leaping hedges and ditches. He was pale and of spare habit, had never suffered from illness, but had always led a very irregular and dissipated life.

May 31st.—A Signorini's tourniquet was applied to the femoral artery over the pubes, and a ring tourniquet over Hunter's canal. Each was alternately screwed sufficiently tight to arrest the flow of blood, at first for about half an hour at a time. A flannel bandage was applied to the leg, to prevent swelling; and hot bottles to the foot, as the patient complained of cold during the compression of the artery. He was allowed full diet, with one pint of porter.

Third day.—The patient complains of severe pain in the thigh and leg, probably caused by the pressure on the branches of the anterior crural nerve; and this increased so much that at midnight both tourniquets were obliged to be removed, and could not be reapplied until 2 P.M. on the following day.

Fifth day.—The pulsation has perceptibly diminished, and expansive pulsation has quite disappeared. The patient does not complain of pain, takes his food with a good appetite, and bears the pressure remarkably well.

Sixth day.—Both tourniquets being removed, very little pulsation can be felt. There is still a slight systolic bruit. Tourniquets reapplied.

Seventh day.—The pulsation is now hardly perceptible; no bruit whatever can be heard; the tumour is much diminished in size, and is becoming harder. In the evening, the patient feeling the continued pressure irksome, took off

both tourniquets without telling the nurse. This was not discovered until the middle of the next day, when the pulsation was found to have increased, and the tourniquets were at once reapplied.

Eleventh day.—There is now no trace of pulsation. The tumour, still decreasing in size, has become perfectly hard and incompressible. A small vessel can be felt pulsating on the inner side of the tumour. There is now no pulsation to be felt in the posterior tibial artery at the inner ankle; and Mr. Pearse, considering therefore that the vessel was completely occluded and the tumour solidified, ordered the tourniquets to be removed. A ham-splint was then applied, and the patient was allowed to go about the ward. The temperature taken between the toes of the affected side was 84·8°; of the sound limb, 88°. No medicine was ordered for the patient during his stay in hospital. He was discharged thirty-seven days from the time of commencement of the treatment, being able to walk very well with slight stiffness, complaining neither of pain nor inconvenience. One or two collateral branches could be felt distinctly, and a slight thickening in the ham was all that remained of the tumour.

ST. GEORGE'S HOSPITAL.

EXTENSIVE ULCERATION OF BOTH LEGS, PROBABLY OF SYPHILITIC ORIGIN, CURED BY LOCAL CALOMEL FUMIGATION.

(Under the care of Mr. PICK.)

IN THE LANCET "Mirror" of April 21st, 1866, we alluded to the case of a little girl, at that time in St. George's Hospital, suffering from deep ulcers leading to necrosed bone in both tibiæ. We stated "that she had been in the hospital eight times during the last four years. It seems that she had spots about the anus, and thrush, soon after birth; but her parents deny syphilis, and, as well as her brother and sister, are in good health. There is slight notching of the lower incisors. On both legs, but chiefly on the right, she has large circular ulcers, with edges somewhat everted and undermined. Some contain greyish sloughs. In others the base is formed of dead bone. The ulceration extends to quite the upper third of the tibia, and the neighbouring bone is greatly enlarged by hard, solid deposits, apparently from periostitis. The skin in the vicinity is of a colour combining brick-red with purple, interrupted here and there with shining white cicatrices of old ulcers, generally circular."

We are glad to be able to carry on the history of this case. She remained in the hospital some time, improving considerably under the use of the syrup of the iodide of iron, but was then discharged and lost sight of. She again came under observation at the latter end of last year as an out-patient. She then stated that, though the amount of ulceration varied, it had never been entirely healed since it first appeared, eight years ago. It now almost encircled the legs, and occupied at least the middle half of their length. The ulcers were covered with greyish sloughs, and had hard indolent edges. The tibiæ were enormously enlarged and thickened.

Mr. Pick, believing that the disease was due to inherited syphilis, determined to try the effects of local calomel fumigation; and the better to carry out this treatment, she was admitted into the hospital on January 5th, 1870, and at once ordered to expose her legs to the fumes of twenty grains of calomel every night. The ulcers directly began to assume a healthy aspect, and to cicatrise rapidly; and on February 2nd they were entirely healed.

She was now ordered a mild course of mercurial fumigation generally. Her gums were kept slightly tender for a fortnight, and she was discharged on March 8th, quite well, and has gained flesh considerably.

METROPOLITAN FREE HOSPITAL.

CASE OF SYPHILITIC INFECTION BY AN INFANT.

(Under the care of Dr. C. DRYSDALE.)

E. C——, aged fifty-three, a married woman, has had sixteen children, all healthy. She has (January 18th, 1870) several syphilitic patches on her tongue, and a large patch of psoriasis on the anterior part of the right leg. This patient makes the following statement:—"Two years and eight months ago my throat became sore, just about the time I had taken charge of a neighbour's child, which was covered with spots, and had the snuffles. I fed it with a bottle, which I often used to suck at myself in order to see if it drew well. I have sometimes seen my daughter give the child her breast to quiet it; her nipple became sore after it, and an infant of her own which she was suckling broke out into spots about two months afterwards, as did also my daughter, whose eyes likewise became red and sore. The child died of measles when three years old. My daughter had a second child, which came out in spots, and had sore eyes, and died at the age of nine months."

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY

TUESDAY, MARCH 8TH, 1870.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

INQUIRY INTO THE NATURE, ORIGIN, AND TREATMENT OF HYSTERIC DISEASE.

BY ROBERT LEE, M.D., F.R.S.

IN the first part of this paper the author gave an elaborate review of the history of hysteric diseases from the earliest ages to the present time. The opinions and methods of treatment adopted by Aretæus, Galen, Celsus, Sydenham, Hoffman, Cullen, and the most eminent writers in the present century, were given in detail. Respecting hysteria in the male sex, the author stated that he had never seen a genuine example; but in the female sex, a great number—a greater number than it was possible for him to state. An accurate report of upwards of two hundred of these cases accompanied the communication. If these histories were examined, the author stated that the following conclusions might be drawn. In none did the disease occur before the age of puberty; and in few after the middle period of life. In few of the cases recorded were the functions of the ovum and uterus in a perfectly healthy state. In the greater number, there was amenorrhœa, dysmenorrhœa, menorrhagia, leucorrhœa, or a morbid state of increased or diminished sensibility in the uterine organs, without any organic disease. The author added that, in the greater number, there was incurable sterility; and he stated that he had been led to conclude from the symptoms observed in these cases, that hysteria originates in the ovum, on which menstruation depends, in which conception takes place, and to the influence of which are to be attributed the development of the female pelvis and mammæ, and all the peculiarities of the female constitution. The result of the author's dissections of the renal ganglia and nerves, and those of the ovum, now in the museum of the University at Cambridge, were given; and from them an explanation was advanced of the cause of the discharge of a great quantity of clear urine after the hysteric paroxysms. Other seats of hysteria were then described, with a letter on the subject from Mr. Joseph Swan. The paper concluded with a summary of the different remedies employed in the two hundred cases; the last two of these methods of treatment were clitoridectomy and cutting away the coccyx.

Dr. SCHULHOF said that, in a large number of hysterical patients whom he had examined, perhaps in nine out of ten, he had found the spine not perfectly straight. There was no visible deformity; but the displacement was sufficient, he thought, to produce pressure on the ganglia.

Mr. BARWELL could not agree with Dr. Schulhof's view, seeing that, in very many cases of well-marked spinal deformity, where (especially in angular curvature) pressure on the nerves would be expected, hysteria was absent.

Dr. BUZZARD had, from his observations at the Hospital for the Paralysed and Epileptic, been led to divide hysteria into several classes. One class was represented by young women, who, without disorder of the uterine functions, were paralysed in one or more limbs. In these cases, he thought the disorder of mental origin; it was best treated by acting on the imagination or attention. Next, there

were the cases presenting the well-known hysterical symptoms. And, finally, there were the hysterical fits or seizures, which it was difficult to distinguish from epileptic attacks. The idea of hysteria in Dr. Lee's paper was too limited; it did not take in hysterical convulsions. He doubted whether it was quite correct to refer all cases of apparent paralysis to hysteria; another term ought, perhaps, to be adopted for these.

Mr. HOVELL said that the term hysteria was too loosely applied, and ought to be restricted to disorders arising from uterine irritation. He would suggest the term "emotional susceptibility" for many of those conditions which were described as hysteria; and this would coincide with the opinion of the late Sir B. Brodie. Hysteria was, he thought, referable rather to mental or moral shock than to uterine irritation; and this would account for its occasional occurrence in men. The shock probably acted on the sympathetic nerve; and hence arose the palpitation and flushing of the face; and the paralysis (or more properly, paresis) would be accounted for by the disturbance of the nutritive function through the motor nerves. Loss of power and depression were obnoxious to irritation; and this would explain the phenomena of hysteria.

Dr. WYNN WILLIAMS said that the term hysteria seemed to be made to include all diseases that people could make nothing of. Ovarian mischief would no doubt cause hysterical symptoms in some cases; but, in many, these depended on uterine displacement, with which, indeed, the ovaries often sympathised. The replacement of the uterus would remove the symptoms.

Dr. BARCLAY did not think that hysteria was so often connected with uterine affections. There was no form of uterine or of ovarian disease that might not exist without hysteria. He was surprised that Dr. Lee should regard the ovaries as the origin of hysteria; he had seen cases in the male which he should regard as hysterical. He believed that hysteria depended on a peculiar mental and nervous organisation, dependent on sex in the same way as were the modifications in the osseous and other structures. The hysterical symptoms connected with the uterus could not, he thought, be formed into a class separate from those arising from derangements of other organs.

Mr. HOLMES was not sure that Dr. Lee laid down absolutely that hysteria depended on the ovaries. He appeared to refer in his paper to hysteria arising from other sources, such as irritation of the nerves at the neck of the uterus.

Dr. BARNES agreed with Dr. Lee as to the connexion of the ovaries with hysteria. The term hysteria was applied when the uterus was supposed to be everything—when it was said that "Mulier est propter uterum." Within the last thirty or forty years, it had become recognised that the ovary was the source of the physiological changes in the female. No doubt it had the power of evoking nervous phenomena. The first attacks of hysteria came on with menstruation; and in many instances it attended the menstrual epochs. Disturbed ovarian function attended many cases of uterine disease. If the physiological flow of blood to the sexual organs could not be relieved through the uterus, nervous symptoms would set in. Treatment directed merely to the nervous system might fail; the connexion between the uterus and ovaries should be remembered, and the uterine disorder treated, if any were found to be present.

MEDICAL SOCIETY OF LONDON.

MARCH 14TH, 1870.

MR. GAY, PRESIDENT, IN THE CHAIR.

MR. CLEMENT GODSON exhibited a very convenient Obstetric Bag made by Arnold, of Smithfield. The bag might be described as *multum in parvo*, for it carried all the necessary instruments for every kind of obstetric operation, conveniently packed in small compass in either side of it, while in the centre were cases for bottles to hold ammonia, brandy, &c.

Mr. HENRY SMITH exhibited the Head of a Femur given to him by Mr. Price, of Margate. The specimen was obtained from a case of strumous disease of the hip-joint, with abscess, in a lad of fifteen. The head of the bone came away in one of the poultices, the patient making a good recovery, with fair movement in the limb.

Mr. W. ADAMS asked if more than the epiphysis became detached.

Mr. ROGERS HARRISON did not think there seemed much sign of disease in the acetabulum; he thought the separation had taken place at the neck of the bone.

The PRESIDENT had had a similar case, where the head of the bone became detached by a process of sphacelus in the same way as in the present case.

Mr. SMITH, in reply, believed that more than the epiphysis had become detached, but he showed the specimen just as it had been given to him, and he considered that it was an operation of resection perfectly effected by nature.

Dr. GREENHALGH showed a long Funis, on which were found two knots. The child was a small one, but living.

Dr. RICHARDSON and Mr. JABEZ HOGG thought that the knots were formed during birth, and the former gentleman demonstrated the nature of such a process.

Dr. ROUTH mentioned instances of amputations of limbs in utero by their becoming tied in the funis.

Dr. GREENHALGH believed that the knots were not formed during birth.

After a vote of thanks, proposed by Dr. Routh and seconded by Mr. Weeden Cooke, had been accorded to the retiring president and officers of the Society, and acknowledged by Mr. Marshall,

The PRESIDENT gave his Inaugural Address, in which he took a survey of the rise and progress of the Medical Society of London, from its origin in 1773 to the present time. He referred to Jenner, Lettsom, Abernethy, Clutterbuck, and the other illustrious and distinguished men who had been warm supporters of the Society in its earliest years. He noticed the difficulties the Society had encountered and surmounted, and pointed out the best ways, in his opinion, to maintain its reputation. The address was listened to with very marked attention, and often warmly applauded by the numerous audience.

Dr. RICHARDSON then made a communication to the Society on the Production of rapid general Anæsthesia for short Operations; and at the same time introduced a new anæsthetic compound for that purpose. He began by explaining that, within the past two or three years, a practice had been followed of producing quick insensibility which should be followed by equally quick recovery. Two agents had been employed for this purpose: (*a*) nitrous oxide gas; (*b*) bichloride of methylene. Admitting that the principle of producing quick insensibility had a practical intention and usefulness, Dr. Richardson said he had an objection to the methods which, up to the present time, were adopted for carrying the principle into practice. His objections to nitrous oxide gas were as firm as ever. He held still that the employment of an agent which excluded all atmospheric air during inhalation, which produced the most perfect asphyxia, which required for its administration costly and troublesome apparatus, and which if administered beyond a given period, even for a few seconds, must of necessity kill, was a bad agent for anæsthetic administration—was, in fact, a rude and vulgar process, retrogressive in science. Respecting bichloride of methylene, though it was hard to speak against any application of a remedy which he, the author, had introduced, he must be candid and say that he was not favourably impressed with the application of bichloride for *quick* general anæsthesia. That it was marvellously rapid in its action was true, that it answered the end had in view was true, and that it had now been used for rapid inhalation an immense number of times was also true; but these facts could not conceal the further and all-important fact that the bichloride of methylene belonged to a dangerous family of chemical substances, and could not therefore be played with without risk. It had been extolled as being safer than chloroform; and that was allowed, for, as it contained an equivalent of chlorine less than chloroform, it was materially safer. But the safety was relative, not absolute. Under these impressions the author was led recently to review experimentally the action of the whole of the more promising anæsthetic fluids and vapours, including chloride of methyl, bichloride of methylene, chloroform, amylene, hydride of methyl, ethylic ether, methylic ether, and some others, which were given on a table placed before the Society. The result was that he had decided in favour of methylic ether for rapid anæsthesia. The anæsthetic properties of methylic ether were first discovered by Dr. Richardson in 1867, and the substance has been reported

upon by him in two reports to the British Association for the Advancement of Science. On the 20th of May, 1868, he inhaled it for the first time himself. Dr. Sedgwick and Mr. Peter Marshall administered it to him to complete insensibility. He was narcotised completely in one minute, was unconscious in seventy seconds, and recovered almost instantaneously without nausea, headache, or other unpleasant symptom. From that time the author has been in the habit of narcotising occasionally with methylic ether, and recently with marked success. The ether is made by digesting one part of pure methylic alcohol with two of strong sulphuric acid. The mixture is heated, and the methylic ether, which passes over as a gas, is subjected to frequent washings in a strong solution of potash. The ether remains as a gas even below zero; it has an ethereal odour; it is chemically an oxide of the radical methyl; and its vapour density is 23, taking hydrogen as unity. The strongest objection to methylic ether is that it is a gas; but, happily, that difficulty is to a large extent overcome, the gas being very soluble in various substances; water takes up 37 volumes of the gas, yielding an ethereal fluid of a very pleasant taste; pure ethylic ether and alcohol take up over 100 volumes, and chloroform and bichloride of methylene nearly as much. For practical purposes, the author prefers absolute ethylic ether of specific gravity 720, and boiling point of 920° Fahr., as the solvent. The ether is charged with the gas at a temperature of 32° Fahr., and the compound is at once bottled and firmly corked down. It should be kept for a time before being used, the process of keeping producing a comparatively stable compound. In using this compound, which he proposes to call methyl-ethylic ether, the author at present employs the simple mouthpiece invented by Mr. Rendle, and made merely of leather. He is adding to this a reserve bag, in order to conserve the ether. From one to two drachms may be put into the inhaler for quick narcotisation. Dr. Richardson next described cases in which the methylic ether had been administered to the human subject for the extraction of teeth. In eleven cases, the whole operation, from commencement of the inhalation to the complete recovery, was under three minutes; in several cases, one minute was sufficient; while in two cases forty-five seconds sufficed. In no case was there spasm, syncope, or asphyxia during inhalation, or any after-nausea, and in all cases there was a semi-consciousness, so that the patients did what they were bade to do, remembered what had been done, and yet were not conscious of pain. The author next described the action of methyl-ethylic ether on the nervous centres, comparing it with chloroform and other anæsthetics containing chlorine. He showed that this ether produced no excitation of the nervous centres which supply the vascular system, as chloroform does, and that, consequently, there was absence of muscular spasm, of contraction of bloodvessels, and of syncope from fatal contraction of the heart. When it was carried to the extent of arresting life in the inferior animals, it produced death by paralysing the organic nervous centres. This extreme result was preceded by convulsive action similar to that which is seen in death from hæmorrhage, the convulsion being due to the absence of arterialised blood in the muscles. So well, however, did the heart still retain its power, that in one case, in a lower warm-blooded animal, a guinea-pig, the respiration returned *spontaneously* in pure air, four minutes and forty-five seconds after it had ceased. No fact could more definitely speak in favour of the safety of the agent. In conclusion, the author said that as he had confined himself this time to rapid anæsthesia for short operations, his remarks must be taken as bearing on that subject only. He had introduced methyl-ethylic ether as the readiest and best agent he knew of for the purpose described. It was better than nitrous oxide gas, because it allowed air to be given with it, and did not asphyxiate. It was better than bichloride of methylene, because it did not produce muscular spasm and syncope. At the same time, he did not consider it as perfect, nor should he consider general anæsthesia perfected until he, or some other observer, should discover an agent that will destroy sensibility without interfering at all with organic muscular life, volitional power, or consciousness. Methylic ether approached this perfection, though it did not touch it, and it encouraged perseverance in experimental research. For these reasons it was worth the attention of the Society.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MARCH 2ND, 1870.

DR. GRAILY HEWITT, PRESIDENT, IN THE CHAIR.

AFTER the election of new Fellows, and the exhibition of morbid specimens,

The Baron PAUL VON SEYDEWITZ, M.D., read a paper on the Chloral Treatment of Eclampsia. After a brief account of the therapeutical uses of chloral, and of the opinions entertained by various writers as to its properties, the author detailed two cases of eclampsia in which it had been used. The first was that of a woman, thirty-five years of age, who was admitted into the Bürger Hospital at Bâle in November, 1869, suffering from endocarditis subsequent to delivery. Some time afterwards violent epileptic fits came on, and recurred with great frequency. A variety of treatment was adopted without success. Eventually chloral was administered, with the effect of at once arresting the fits, which did not recur, and the patient was discharged cured. The second was a boy, twelve years and a half old, a patient in the same hospital, the details of whose case had been furnished by Dr. R. Massini, of Bâle. The boy was the subject of Bright's disease, complicated with mitral insufficiency and uræmia. Violent eclampsia came on, as many as twelve convulsive attacks occurring between 11 P.M. and 9 A.M. Chloroform inhalations were used without avail. In the intervals between the attacks he was perfectly unconscious, and unable to swallow. Chloral was injected hypodermically, with the effect of greatly diminishing the strength and frequency of the fits. After two more injections they entirely ceased.

Mr. SPENCER WELLS hoped that, when chloral was given, its effects upon the temperature of the body would be noted. He had seen the temperature fall from 104° to 99°, after four doses of twenty grains each, at intervals of two hours. In a case of furious maniacal excitement, which he had seen last week with Dr. Munro, one thirty-grain dose was followed by almost immediate calm, and afterwards by sleep.

Dr. PLAYFAIR related the particulars of a case of threatened puerperal mania, in which the chloral had proved of great service. The patient had become maniacal after a previous labour. A week after her present confinement the same symptoms which had preceded her former attack showed themselves,—restlessness and inability to sleep. A thirty-grain dose of chloral at bed-time produced a long, quiet sleep, and the same dose was repeated every night for a week. He had no doubt that the attack had by this means been averted.

Dr. ROGERS had used chloral principally as an anodyne and hypnotic. He had successfully prescribed it last evening for a child attacked by painful spasmodic twitchings of the left arm and leg, due, he believed, to irritation of the brain from disease of the right ear. It certainly often caused nausea, and in one case under his treatment the first dose is almost invariably rejected; but, after waiting a few minutes, a repetition is retained with beneficial results.

The adjourned debate on Dr. Braxton Hicks's paper "On Puerperal Diseases," was then resumed by

Dr. WYNN WILLIAMS, who complimented the author on the practical utility of his work, and observed that few could doubt that a parturient woman, if exposed to scarlatinal poison, would suffer from it in a way modified, and rendered more fatal, by her own peculiar condition.

Dr. BARNES expressed general agreement with the views of the author, and explained the frequent occurrence of puerperal fever in new houses by saying that builders often dug out gravel for sale, and filled in the foundations with rubbish of a kind liable to undergo putrefaction.

Dr. SNOW BECK made allusion to the advance that had been made in the diagnosis of the diseases of the puerperal state, and in the treatment, by disinfecting injections, of those that were caused by the retention of morbid secretions or decomposing discharges.

Dr. TAYLOR believed that there were many sources of fever in puerperal women. It would be interesting to know whether a previous attack of scarlet fever rendered them less liable to suffer.

Dr. ROGERS could not agree with Dr. Hicks that the term "puerperal fever" should be abolished. He thought it should be retained for the cases arising from the absorption of putrid discharges, or from the accoucheur having

been engaged in dissecting, or in handling morbid specimens.

The PRESIDENT concurred most fully in the views expressed in Dr. Hicks's paper. He believed that puerperal disease was often the result of self-poisoning, and that in these cases it was not seldom communicated.

Dr. BRAXTON HICKS, in his reply, thanked the Society for the manner in which his paper had been received; and pointed out the desirableness of an endeavour to ascertain how frequently the parturient woman is exposed to the various contagions, and how frequently she suffers in consequence.

Reviews and Notices of Books.

Die Tuberculose, die Lungenschwindsucht, und Scrofulose. Von Dr. L. WALDENBURG. Berlin, 1869.

THE etiology of Tuberculosis is a subject of such great interest to the profession generally, and one upon which opinion has of late been undergoing such a complete revolution among those who have most devoted their attention to it, that we are glad of the opportunity of laying before our readers the main bearings of the question as it now stands. We cannot, indeed, do so more appropriately than in the course of a review of the above-mentioned work, which has lately appeared from the pen of Dr. Waldenburg, of Berlin, an author of the most advanced opinions of the present time. A large portion of this work is taken up with a most admirable historical summary of the observations of the *savans* of all countries bearing upon the question as to the origin of tuberculosis. Such an amount of patient research is rarely seen in this country; it forms in the volume before us a most telling introduction to the peculiar views of the author himself. Dr. Waldenburg also gives details of numerous experiments on the inoculation of animals with tuberculous and other matters, and his results are in close accordance with those obtained by others who have laboured in the same field. We have it on the unanimous authority of the most competent observers—Villemin, Burdon-Sanderson, Fox, Waldenburg, and others—that the introduction under the skin of certain animals, principally guinea-pigs and rabbits, of morbid material from various sources, but more particularly of tuberculous matter, will almost invariably set up a fatal disease, the pathological results of which are undistinguishable anatomically from those of genuine tubercular disease as we meet with it in man.

Dr. Waldenburg enunciates, as the result of his experiments on animals, the theory that miliary tuberculosis arises in consequence of the taking up into the circulation of corpuscular elements from the seat of inoculation; that these elements, which are very minute, not larger than white blood-corpuscles, are conveyed with the blood to distant organs, in the minute vessels and capillaries of which they are arrested, producing more or less complete stasis; as a consequence of this stasis, a migration of white blood-corpuscles through the vessel wall ensues, and with them the foreign (corpuscular) elements, forming a minute collection of cells, around which connective tissue-growth takes place, the whole forming the tubercular granulation.

Dr. Waldenburg, then, considers a miliary tubercle to consist of a local exudation of white blood-corpuscles, the result of minute arterial or capillary embolism; there is no true hæmorrhage here, only a migration of the white corpuscles through the vessel wall, in consequence of partial stasis. The corpuscular element which has caused all this mischief acts quite mechanically, and usually escapes with some of the white corpuscles, to which it adheres like a minute particle of carmine, or a red blood-corpuscle. Dr. Waldenburg adduces in favour of his hypothesis the well-known predilection of tubercle for the walls of the small vessels, particularly at their points of bifurcation, where stasis most readily takes place. He acknowledges an objection to it in the fact that Cohnheim finds migration of the white corpuscles only to proceed from the capillaries and small veins. He doubts, however, the accuracy of Cohnheim's statement, and is inclined to think that more extended inquiry will prove the possibility of migration from the small arteries too. He thinks, also, that tubercles may be more abundantly formed around the capillaries and small veins than is generally supposed. He is no doubt right here; but, on the other hand, it is much insisted upon by Dr. Sanderson in his Report on Tubercle, that the walls of the minute bronchi of the lung in guinea-pigs are also very favourite situations for the development of miliary tubercles, distinctly apart from the vessels, and this is also the case in the human lung. The most important fact which makes us inclined to regard Dr. Waldenburg's theory as at least partially true, is the conveyance of particles of aniline blue or carmine, which he introduced with the inoculated material in some of his experiments, to distant organs, and their exit from the bloodvessels with the white corpuscles. We think this embolic theory too mechanical a one to be *wholly* true, and that, notwithstanding Dr. Waldenburg's strenuous objections, there is something more specific about tubercle than he would have us believe; for the researches of Sanderson and Fox on animals prove that, although almost any matter inoculated may produce tuberculosis, yet that *tuberculous* matter will most certainly do so; and there seemed to be some grounds for believing that unless the inoculation leads to the production of true tubercle in its near neighbourhood, or the material inoculated is itself true tubercle, it fails altogether in producing the more general disease. Both Dr. Fox and Dr. Sanderson attach a much greater importance to the lymphatic apparatus in the distribution of tubercle than Dr. Waldenburg is disposed to do. The latter author admits that corpuscular material may be taken up by the lymphatics from the seat of inoculation, and give rise to the formation of tubercle in the neighbouring lymphatic glands, whence the morbid material may get into the blood, and be transmitted to distant organs; but he regards this as quite a subsidiary process. Dr. Fox, on the other hand, regards the general tuberculosis as the final result of a chain of phenomena extending from the seat of inoculation, through the lymphatic apparatus, to the internal organs in their regular order; while Dr. Sanderson is disposed to regard the small collections of adenoid tissue which everywhere pervade the subserous and parenchymatous tissues in the neighbourhood of the vessels, minute bronchi, bile-ducts, &c., as undergoing in miliary tuberculosis an irritative hyperplasia which constitutes the first stage of the disease; and he considers these collections as related to the lymphatic system.

The most interesting part of Dr. Waldenburg's book is that in which he applies the results obtained by experiments on animals in explaining the production of miliary tuberculosis in man. Dr. Waldenburg considers that any caseous material in the body, whether it be the remains of a pneumonic consolidation in the lung, or a cheesily degenerated gland, such as may in the mesentery follow upon typhoid fever, in the neck from scarlet fever, and in the groin from bubo, may serve as a centre or focus whence corpuscular elements may enter the circulation, and produce miliary tuberculosis. But acute general tuberculosis is not, he says, always the result of this absorption of elements into the circulation; the absorption may be in smaller quantity, or take place more slowly, and the elements may be deposited only in the immediate neighbourhood of the primary centre, the local

tubercle thus produced leading to secondary inflammation, the products of which undergo retrograde metamorphosis, producing fresh caseous centres, from which the whole system may become ultimately affected; or the disease may become, for a time at least, arrested at one of these stages. He thus explains chronic tuberculosis of the lung, and he thinks that the lymphatics may have much to do with the slower and more restricted formation of tubercle which is distinctive of this variety of the disease.

Dr. Waldenburg thus agrees with Dittrich, Buhl, Hoffman, Niemeyer, and others, in his views as to the connexion between caseous centres and miliary tuberculosis—namely, that they stand to one another in the relation of cause and effect; but he differs from Buhl and Dittrich in denying any specific or septic quality in the cheesy matter; and he goes farther than Professor Niemeyer, who contents himself with the guarded general statement that "tuberculosis is in most cases a secondary illness, arising in a manner to us unknown, beyond the fact that it is through the influence of caseous diseased products upon the system." Dr. Hermann Weber has lately brought before the Pathological Society of London some observations founded upon eleven cases of tubercular meningitis, in all of which he has found some caseous material either in the lungs or glands, which he feels satisfied has given rise to the tuberculosis in the manner advocated by Waldenburg.

Dr. Waldenburg does not deny an *indirect* predisposition, in certain individuals, to the occurrence of tuberculosis; but this predisposition consists, he thinks, in a tendency to the occurrence of local conditions which may lead, secondarily, to tuberculosis. And he places scrofulosis in the first rank among these predisposing constitutional states, tending, as it does, to the production of slow local inflammations, cheesy degenerations of glands, catarrhal pneumonias, and the like. He admits, also, that scrofulosis and pulmonary phthisis—meaning by the latter term simple caseous pneumonia—may be hereditary, or acquired by defective living, bad air, food, light, &c.; but of the genuine, old-fashioned, hereditary tubercular diathesis Dr. Waldenburg has no cognisance. He agrees with Niemeyer in regarding hæmoptysis as a frequent cause of tuberculosis, either by giving rise to lobular pneumonia, which by undergoing degenerative changes may produce phthisis, and secondarily tuberculosis, or more directly, by the metamorphosed and broken-down blood elements themselves becoming reabsorbed into the circulation. He endeavours to show, in a similar way, that laryngeal and intestinal ulcerations, bronchitis, purulent inflammations, fistula, sudden suppression of habitual discharges—menstrual, hæmorrhoidal, ulcerative, &c.,—may, by reabsorption of morbid elements, or their retention in the circulation, lead to tuberculosis. Our author is further of opinion that reabsorption may give rise, not merely to true miliary tubercle, but to inflammatory centres in the lungs or other organs—as, for instance, ulcerations of the larynx or intestines,—and that these may produce, secondarily, miliary tubercle in their neighbourhood. In this view his opinion coincides with that expressed by Dr. Sanderson; Dr. Andrew Clark has also for some years maintained that ulcerations in the intestines may arise, secondarily, to pulmonary disease without this being necessarily truly tubercular. Dr. Waldenburg does not refer to the grey induration which is so commonly seen surrounding old cheesy masses in the lung in cases of chronic phthisis; this material Dr. Sanderson speaks of, in his second report to the Privy Council, as true infiltrated grey tubercle, and indeed it has often appeared to us arbitrary in the extreme to limit our ideas of tubercle solely to the miliary grey granulations.

The concurrent testimony of so many most able observers is far too strong for us longer to hesitate in accepting the fact that there is a definite and most important causative relation between the degenerated products of inflammation and tuberculosis, and the widely-spread knowledge of this relation will, we hope, do much to lessen that disposition to carelessness in the treatment of local diseases which still too commonly prevails. The early and thorough treatment of all local diseases which tend to produce gland irritation, as skin diseases, venereal sores, throat affections—particularly in scarlet fever, the avoidance of catarrhs, the prompt treatment of laryngitis, pleurisy, pneumonia, intestinal irritations, and the skilful management of all surgical diseases, especially those of bones, become of greater importance than ever. For though we think that constitutional predisposition must always be allowed to take a very important part in the development of tubercular disease, yet its real mode of action may, as Dr. Waldenburg suggests, consist in a tendency to inactive inflammations passing on to slow suppuration, or never proceeding further than cell proliferation and subsequent caseous change. Dr. Waldenburg devotes a valuable chapter to the prophylaxis of phthisis.

It must be patent to everyone that in a very large proportion, perhaps even one-half, of the cases of pulmonary phthisis, the disease has been acquired through repeated catarrhs, or irregularity in living; and the facts that in many of these cases the disease is throughout entirely confined to the lungs, and that in some no true tubercle can be found in any organ post mortem, though they do not warrant us in regarding miliary tuberculosis as a primary constitutional disease, independent of previous local changes in the lungs or elsewhere, yet they support the view that its supervention upon chronic inflammatory conditions is rendered more likely to occur in a certain constitutional state,—may we not still call it the tubercular diathesis? We think it a fact which is consistent with the experience of most physicians, that the stronger the predisposition, the purer is the miliary tuberculosis when it arises, and, supposing it always a secondary disease, the more insignificant may be the local lesion giving rise to it. In short, as the scrofulous diathesis predisposes to the occurrence of slow inflammations, which are apt to give rise to miliary tuberculosis, so the tuberculous diathesis renders the subject of it prone to the occurrence of the disease, from local causes which would be inapt or wholly insufficient to give rise to it in others. Lastly, can this predisposition ever be so strong as to lead to the occurrence of tuberculosis directly, from mere irritation, without the intervention of any caseous or inflammatory infecting centre?

It is impossible in the limited space of a brief review to do anything like justice to this work of Dr. Waldenburg's, which embraces so wide a subject as that of Tuberculosis. It is a volume which, for the learning and original research it represents, and for the many sagacious suggestions it contains as to the direction in which further observations may most profitably be made, is worthy of the highest respect. Every subject upon which the accomplished author touches is well worked out as far as present knowledge will permit, and no fact is stated as such unless it has well borne the scrutiny of an acute and philosophical observer.

Renal Diseases: a Clinical Guide to their Diagnosis and Treatment. By W. R. BASHAM, M.D., F.R.C.P., Senior Physician to the Westminster Hospital, &c. Churchill and Sons.

IT is really refreshing to notice the great improvements which are observable in the important branch of practical medicine of which Dr. Basham treats in the work before us.

The pretentious theories of Prout, the elaborate, though narrow, dogmatism of Golding Bird, have completely disappeared; and, in place of huge volumes upon urinary diseases, we are supplied by Dr. Basham with a concise and happy combination of clinical observation and pathology, aided by microscopic and chemical analysis, which must, of necessity, promote a juster knowledge of disease and more successful treatment. The different forms of nephritis are well described, and the symptoms, pathology, and treatment of the more chronic forms are clearly pointed out; whilst in the third part the various morbid conditions of the urine are given, with directions for examination, and special reference to their clinical significance. One of the best examples of this is to be found in the interpretation of oxaluria. Oxalate of lime is not due to the presence of a peculiar diathesis, nor to a certain depression of the nervous system. "All urines, whether derived from healthy individuals or those suffering from disease of the most varying character, are capable of forming oxalate-of-lime crystals." If they indicate anything, it is that there is mal-assimilation and an excess of lithic acid. It is time that the same exact methods of inquiry should be employed to determine the clinical value of an excess of phosphates. Dr. Bence Jones's conclusions are not, in our opinion, reliable, because they were conducted on given specimens without any reference to time. There is, we believe, no more special relation between the excretion of phosphates and acute disease of the brain than exists between oxaluria and hypochondriasis; but the theory of the relation is so extremely captivating that we can scarcely wonder at its lengthened preservation. We heartily commend Dr. Basham's book to students and the profession.

THE ROYAL COLLEGE OF PHYSICIANS.

DR. SIBSON'S CROONIAN LECTURES ON ANEURISM OF THE AORTA.

LECTURE II.

DR. SIBSON commenced his second lecture (delivered March 25th), with an account of the sacculated aneurisms of the ascending part of the arch, which constitute fully one half of the cases in which the aorta is affected with aneurism. The walls of the vessel, previously diseased, tend to yield to the pressure of the stream of blood, at two places especially; the right convex wall midway between the orifice of the aorta and the origin of the innominate, and at the top of the ascending aorta, at the angle between it and the transverse portion of the arch, where the curve of the aorta presents the first obstacle to the onward flow of the blood. The sac formed may produce no symptoms, the patient, in a small proportion of cases, dying suddenly from hæmorrhage into the pericardium, while apparently in perfect health. In half the cases the patients complain of difficulty of breathing, one-third are troubled with cough, and about the same number suffer from pain in the chest; symptoms due, probably, to pressure on the pneumogastric and sympathetic nerves. The aneurismal tumour presents itself in the second right intercostal space. There is no hoarseness or aphonia, stridulous or laryngeal breathing or dysphagia. Often the only symptoms which arrest attention are those of bronchitis, and the real nature of the malady is unsuspected till the end.

Two-fifths of the cases of sacculated aneurism exist close to the origin of the innominate. In illustration of these, a very interesting case was quoted, in which Mr. Heath tied the carotid and subclavean arteries. The pulsation did not cease after the operation, but it was much less in degree, and the distress of the patient was much diminished. The return of the symptoms was attributed to persistent use of the right arm. The patient lived for four years after the operation. Aneurisms in this position advance towards the upper piece of the sternum, and, having reached it, tend to erode the bone and to grow upwards and sideways, but more to the right than to the left, and to displace both the transverse and ascending portions of the arch, and press directly on the trachea, and indirectly on the œsophagus and left recurrent laryngeal nerve. Pain is often present at the top of the sternum, the breathing often tracheal, the voice husky or lost. Dysphagia is frequent from the indirect pressure on the œsophagus.

From the oblique position of the transverse portion of the arch, aneurisms of the anterior wall project to the left, those of the posterior wall to the right: the former encroach upon the left lung, stretching the adjoining nerves; the latter press upon the larynx, œsophagus, and recurrent laryngeal. Thus, according to the side of the vessel, the train of effects will be different; but it may be laid down that, just as in aneurisms of the ascending portion the tendency of encroachment is to the right, so in those of the transverse portion the encroachment is to the left. In many of the aneurisms of the posterior and right side of the vessel, the sac is quite small, but, pressing backwards on the trachea, produces symptoms more formidable than those due to any other variety of aneurismal pressure. Dyspnœa, in many cases, is always present, and increases in paroxysms of such intense severity as to produce unconsciousness, and in one of these attacks the patient may die. The cause of the paroxysm is a temporary increased fulness of the sac; the cause of the cessation of the dyspnœa is the diminished pressure of the blood, consequent on the weakening of the heart's action during the period of unconsciousness. Tracheotomy in this dyspnœa is useless; it may, however, prolong life in another class of cases, in which the difficulty of breathing is due wholly, or in part, to laryngeal spasm from pressure on the recurrent nerve, in which laryngeal breathing accompanies or replaces the tracheal stridor. In these cases, also, attacks of suffocative agony may threaten or destroy life as completely as in the cases of direct pressure upon the trachea. The character of the voice is remarkable — sometimes ringing, sometimes ventriloquial, sometimes squeaking, sometimes lost. Cough partakes of the character of the voice, and it is a cough without catch or stop; as one patient said, "he could never get hold of it." Pain is less frequent and less extensive than in cases of aneurism of the ascending or descending aorta, and has less of the shooting character. Dysphagia is a sign scarcely less constant than dyspnœa, and sometimes proves fatal. The consideration of the mechanism of its production was postponed to the next lecture.

TREATMENT OF DISEASES OF THE SKIN.

To the Editor of THE LANCET.

SIR,—In an article in the *Pall Mall Gazette* of Wednesday, 23rd inst., a case is quoted from my last lecture in your columns on diseases of the skin, which the writer holds to be "a curious illustration" of the tendency of doctors to experiment upon patients at their expense. Since then the editor has been put in possession of the details of this case, but he has not seen fit to communicate them to his readers. Will you kindly permit me to supply these, a request which I make on professional, not personal grounds.

The patient in question was a half-starved, strumous boy, whose delicacy of constitution was beginning to manifest itself by a small patch of disease upon the skin of a covered part. It was a mere blemish, and gave rise to no pain or discomfort of any kind. The deformity might have been quickly removed by the use of painful caustics, which, however, would have left the constitutional taint untouched, and would not have prevented the speedy return of the disease in the same or in some other situation. But as the boy was suffering no uneasiness, and as he would have had good ground for complaint had such strong measures been used unless they were really necessary, I cured him slowly, but at the same time permanently, by the administration of a long course of cod-liver oil.

There is, therefore, no foundation for the application to this treatment of the term experimental, for, on the contrary, the most approved method of overcoming strumous disease was carried out.

I remain, Sir, your obedient servant,

Glasgow, March 28th, 1870. T. MCCALL ANDERSON.

THE LANCET.

LONDON: SATURDAY, APRIL 2, 1870.

ON the motion for the second reading of Sir JOHN GRAY'S Bill on Wednesday, Mr. FORSTER asked him to agree to the adjournment of the discussion, assuring him that Lord DE GREY had the subject of the amendment of the Medical Acts under consideration, and would soon bring in a Bill to that effect in the House of Lords. Mr. FORSTER did not specify the nature of this Bill; but he spoke as if he quite appreciated the importance of the subject. Sir JOHN GRAY'S speech, and that of Mr. GRAVES which followed, will make it more impossible than ever to leave the examining system as it is at present. Sir JOHN dragged into the light of Parliament the fact that 165 men, some of them possessing three or four diplomas of the existing licensing bodies, had been found frightfully ignorant by the Army and Navy Examining Boards. Some of them had notions of doses of medicine that would poison ten men. These candidates were rejected by the Army and Navy Boards. But, as Mr. GRAVES pointedly asked, where are they? Are they practising upon her Majesty's subjects, who were found perfectly unfit to practise on her Majesty's servants? There can be only one answer to this question. And when we further remember Dr. PARKES'S statement, that the worst men never face the Army Board, the Government must see the urgent need for a radical change in the examining system.

We have not concealed our opinion of Sir JOHN GRAY'S Bill, but he is evidently in earnest in wishing for a practical and clinical examination of all persons entering the profession, and in demanding that the Crown and the profession shall both be represented in the future Medical Council and Examining Board. He promptly acceded to the wish of the Vice-President of the Privy Council, and assented to adjourn the second reading of his Bill for a month, by which time we confidently hope that the Government will have brought in a Bill that will remove for ever the scandal of examining boards that live by passing men into the profession. Whether there shall be one board or three seems to us infinitely less important than the point that the examiners shall not be expected to supply money to the coffers of corporations, and that they shall be thoroughly abreast of the knowledge of the day.

THERE are so many schemes of Medical Reform abroad that it is difficult for the uninitiated to distinguish them. Some of these, indeed, exist only in the imagination of excited orators. According to this class a frightful catastrophe is hanging over the profession. All its distinctive corporations are about to be dissolved, leaving not a wreck behind; and the profession itself is to be governed by a few Government officials, and students entering the profession are going to be examined by a Government Board. This is one of the schemes that have been conjured up by those who ought to have done better work at a period like this. We spend no time over this scheme, for the simple reason that it has, practically, no existence. It cannot be found embodied in any resolution or definite proposition. Certainly, whenever it is formally announced, we shall do battle with it, and resent it as inconsistent with the dignity and self-respect of the profession. We are, it is to be hoped, a long way off the day when Lord MACAULAY'S New Zealander shall sit in Pall-mall or Lincoln's-inn-fields and gaze on the dislocated stones of the College of Physicians or the College of Surgeons. We would enter our protest against any scheme that would take self-government from the profession, and that would not leave its representative corporations in honour and prosperity.

There are two schemes of Medical Reform open to the Government at the present moment which should be clearly expounded. Either of these schemes will do much to vitalise and unify the profession, to raise its members in professional capacity and in social reputation. We wish to place each of these in clear outline before the Government and the profession. We have candidly and consistently expressed our preference, and will do so again.

The evils to be remedied are twofold:—First, that the great body of the profession has no vital connexion with the corporations. These bodies have consisted of a very small number of persons, and have had no dealings with the great bulk of the profession further than to examine its members, and to take fees. The year 1870 will be memorable as the first year in which the Members and the Fellows of the College of Surgeons have been permitted to meet in their own College and discuss its affairs and the interests of the profession. The second evil is, that these corporations compete with each other in the work of examining students, and that the lower the examinations the more attractive are they; that unmistakable proofs exist of the corporations being influenced by pecuniary considerations in the gift of their licences. The corporations thus existing for the glorification of a few persons in the profession, and occupied in the profitable work of examining students by tests which are confessedly low, are, by the Act of 1858, combined in a General Medical Council, in which independent representatives of the profession at large are conspicuous by their absence. Such are the evils.

Now let us consider the two remedies which are practically before the profession and the Government. One of these suggests the combination of all the corporations and the universities for the purpose of electing a conjoint examining board, whose examination is to embrace all subjects; and persons passing this board are to be licensed to practise. It is not officially announced what status they are to have in virtue of passing this board. But according to a local scheme—concocted chiefly by the College of Physicians of London and the College of Surgeons, but not acceptable to the Apothecaries,—a detailed account of which we have already published, and which degrades the apothecaries to mere examiners in medical herbalism, those who pass this board will virtually be members of the College of Surgeons, and licentiates either (according to choice) of the College of Physicians or of the Apothecaries' Society. The objections

to this scheme are—that it involves a large fee for a diploma, for the sum paid has to be divided among all the existing bodies whose separate examinations are being superseded; that it leaves the corporations masters of the examining board, and still under pecuniary temptations to be low and easy in their standard; and that the corporations being practically close bodies, the public opinion of the profession does not reach them. Supposing the Members and Fellows of these corporations to be admitted to a larger share in their affairs, and to a voice in the election of the representatives in the General Medical Council, we confess that the plan would not be so objectionable, and would afford some prospect of a better state of matters. But if the corporations are to mean, as heretofore, a clique of metropolitan physicians and surgeons, then we see no guarantee in the scheme for a remedy of existing evils. There will be one examination, indeed, instead of two or more, *if the corporations choose to forego their right of separate examination*; but this one examination will be almost as costly as two of the present ones, and there will be the same temptation to lower the standard of it as at present.

The other scheme, and the one we strongly advocate, is to relieve the corporations of their licensing duties entirely, so as to leave them at full liberty to cultivate the higher departments of professional knowledge in various ways; and to institute an independent examining board, to be chosen by a small Medical Council, half of which Council should be selected by the profession and half nominated by the Crown. The examining board to be paid independently altogether of the numbers of those whom it passes. This scheme meets all the complaints made. It provides a Medical Council that would represent the life and the breadth of the profession—not merely a few metropolitan schools and consulting practitioners as at present. It is quite obvious that the Medical Council must not be continued in its present form. The scheme, moreover, provides an examining board above all suspicion. And it gives the distinctive corporations higher duties and a chance of new powers and a new popularity in the profession.

It has often been our fate, as medical reformers, to be in advance of the time, and it may be so again. But we see a great opportunity of simplifying our examining and representative system. We see corporations mainly anxious about the spoils. We are concerned about the future efficiency and reputation of the profession. The first of the above schemes could only be entertained on the condition that the whole of the Members and Fellows are included in the definition of a corporation. Even then, we must express our decided preference for the second. The corporations know how contemptuously in the past they have treated the profession. Though they are now in a mood of mingled fear and penitence, we have no assurance that they will deal very differently with us in the future if they are still to be absorbed in, and tempted by, the "thriving trade" of examining. In their interest, as well as in that of the whole medical body and the public, we hope the Government will "take occasion by the hand" and give us a new Medical Council, with power to elect examiners for a limited time, having no other qualifications for the office than their knowledge of subjects.

There would be no hesitation as to the best of the above schemes if it were not for the good-nature and pity of the general practitioners of this country. They have been ignored by the corporations, and almost insulted by the present Council which represents the corporations. Their great memorial, signed by nearly 10,000 practitioners, was only entered on the Minutes after a division. And yet we are asked, while "detesting the offence, to love the offender." Well, we will even do this; but that is no reason why we should leave him in the same temptations and with the same power to snub and disregard us as heretofore. There is something greater than the medical corporations, and that is the profession itself. Let other old veteran reformers act inconsistently if they please, we shall consent to no measure of medical reform which is not conceived in the interest of the whole profession, and which does not subordinate the corporations to its influence and its interests, believing as we do that the interests of the profession are identical with those of the public.

THE Commissioners in Lunacy are fairly roused to action at last; and their activity, although tardy, is very signal in its character, and seems to promise that they will by-and-by interpose judicious regulations between the insane and all who are disposed to hurt or annoy them. They are now dealing with the administration of baths to pauper lunatics; and, through the Poor-law Board, they have requested that, for the future, in preparing a bath the cold water *may always be turned on first*. Two patients are not to occupy a bath at the same time; and, even when there is only one patient, his head is not to be put under water. The heat of a bath is not to be guessed, but ascertained by a thermometer; and the control of the hot water is not to be entrusted to the madmen or madwomen themselves. If such regulations are only observed, it would seem that the scalding and the suffocation of patients in their baths would become almost impossible; and then, in the fulness of time, we may expect additions to the code, framed in order to prevent injuries from the personal violence of attendants.

The issue of these regulations, although in one sense a matter for congratulation, serves to point out one of the gravest evils incidental to our political system. We have come to think that no question can be of importance unless it commands the sympathies of a political party; and we have also come to think that it is not the duty of governing bodies to initiate reforms, but to wait until they are suggested by the public. In many respects these positions are not only true, and even unassailable, but they form the basis of the liberties of Englishmen. With regard to some questions, however, they are utterly unsound and mischievous; and the limits of their application should be studied by all who desire to promote the welfare of the community. Politicians have to legislate for two classes of questions: for questions on which the popular voice is able to govern the course of events; and for questions on which the course of events is governed by natural laws, or by the operation of physical forces. In dealing with a purely human arrangement—such, for example, as the tenure of

land,—Parliament has absolute control of the situation, and is able to command results. It may safely make itself the servant of the people, is under no necessity to move at all until stimulated by the public voice, and can then carry out the public desire. But in dealing with the forces of nature, Parliament is itself the subject of a despotism; and its proper function is to be the exponent of that despotism. In some matters no exposition is needed. We all admit that there is no escape, in building, from the condition of stability which requires that a perpendicular from the centre of gravity should fall within the base of the structure. Science has taught us that many things essential to the welfare of a community are governed by laws as absolute as the law of gravitation; and that from these also there is likewise no escape. A large population without sanitary enactments is self-condemned to disease and death. Individual members of such a community may be unenlightened upon the matter, and may fail to desire, or may even strenuously oppose, the necessary enactments. In such a case, it becomes the duty of statesmen and of Parliament to educate and urge on the public, instead of waiting to be educated and urged on by them. Again, there are cases in which the government of such or such interests has been committed by the country to the care of boards or commissions. Paupers and the insane are cases in point. Now it is quite manifest that these boards and commissions ought to know more about their own duties and work than people in general know; and if their powers are insufficient for their moral responsibilities, it is plainly their duty to ask for more power, to adduce reasons why it should be given, and to initiate reform instead of waiting to receive an impulse from those less fully and less accurately informed than themselves. But the needs of political strife intervene, and what is required is left undone. The Poor-law Board is powerless against the ill-judged parsimony or the mischievous activity of guardians. The Commissioners in Lunacy content themselves with wringing abject apologies from unfortunates of the order of SHAKSPEARE'S apothecary, and leave huge asylums to flourish as nests of abuses. Their President refers with complacency to the limited powers entrusted to them by the Legislature; and the Commission gives fresh evidence of life by recommending that paupers should not be scalded to death by twos in a bath. The respective Presidents must not embarrass their political chiefs by asking for further legislation, which might for a time be unpopular, which might jeopardise the position of a ministry, which might displease the people who pull the strings of borough elections, and which might even be for a time refused. Under a better system, the hours devoted to drawing up the recent "Order of the Bath" would have sufficed to draft a Bill giving the Commissioners authority to regulate asylum practices, just as the time now spent in consuming its own smoke by the Poor-law Board would have been utilised to place guardians under due control. We trust the day will come when Englishmen will know that on certain subjects they must be guided by science and by humanity. At present science and humanity are pushed aside or forgotten, and party reigns supreme.

THE Conference on the Out-patient Departments of our Public Hospitals was a complete success. One hundred and fifty-six gentlemen were present, representing not only the general and special hospitals, but dispensaries and private practice. The very interesting report of the proceedings will be found elsewhere, and here it will only be necessary to draw attention to some of the most prominent subjects alluded to by the various speakers. There was a unanimous expression of opinion as to the magnitude of the abuses, and only a very feeble attempt was made to defend the manner in which the work is usually done from a scientific and professional point of view. It was also clearly shown that the remedy must be positive and radical. The endeavour to impose self-acting restrictions at the Children's Hospital in Great Ormond-street has not only failed, but bids fair to establish a worse evil than the one it was intended to destroy. When it was found that patients with subscribers' tickets were admitted without the necessity of providing any further certificate of fitness for gratuitous relief, persons boldly went to the secretary and subscribed their guinea to the charity, thereby acquiring the right to present their own children for gratuitous advice. The attempt made by Dr. STEWART to pledge the meeting to the system of provident dispensaries, as the only remedy for all the evils, failed, not because the meeting was not impressed with the importance of the plan, but because it was generally felt that it does not meet the whole requirements of the case. In the present state of society there must always be a large number of respectable and deserving persons who have a claim on the profession for gratuitous advice. As Dr. GLOVER observed, we ought to be especially considerate of those who are pressed down by peculiar and unforeseen misfortune—such as a family diathesis, involving much and chronic sickness. We feel sure that there is not a single member of the profession who would be backward in assisting such persons; and we rejoice that there are those upon the Committee who will not be entirely bound to the hard-and-fast line indicated by Dr. STEWART'S resolution. Nor is the question of provident dispensaries as yet so thoroughly satisfactory in a professional point of view as some of its advocates seem to think. The fact is, the system is capable of great injustice to the profession, by admitting the right of medical attendance for a fee altogether below the means of the subscriber. What may be a proper fee for a labouring man would not be suitable for an artisan or shopkeeper; indeed, it is evident that the admission to provident dispensaries needs to be carefully checked, if justice is to be fairly done. The question of direct payment at the doors of hospitals was not even mentioned. We rejoice at this, because we believe the line between charity and right cannot be too strongly marked.

It is to be hoped that the Committee now appointed will have a better fate than a somewhat similar one named last year. Dr. STALLARD and Dr. HEYWOOD SMITH have undertaken to call them together at an early date; and we shall look for the report with full confidence that improvements will certainly be made.

SMALL-POX, although diminishing, continues to prevail at High Wycombe. There are still, we understand, upwards of forty cases under treatment. The population of the town and parish is somewhat under 10,000, and the proportion attacked since the commencement of the outbreak, in November, quite warrants the employment of the term epidemic in regard to it. The local authorities seem to have been thoroughly awakened to the necessity of adopting decisive steps for stamping out the disease. The present being the period for assembling the militia for the usual annual course of training, it became a question, also, whether the Buckinghamshire militia could be embodied with safety, considering that the permanent staff, and a considerable number of the men of the corps, resided at High Wycombe. It seems to us that the militia could not, under the circumstances, be embodied without risk of contracting and disseminating the disease. It is probable that most contagious diseases are capable of being influenced by certain general conditions of season and atmosphere, and by the existence of local insanitary conditions that [are favourable to their occurrence in an epidemic form. It must never be forgotten, however, that, as regards small-pox, contagion is probably the only, as it is certainly the main, cause of its spread. Our measures must therefore be directed to secure the limitation or prevention of the extension of the disease in this way. Happily our efforts are not exhausted, even when we have done this. In vaccination we possess a very powerful and effective aid for averting the spread of small-pox. It has been in a great measure owing to the neglect and carelessness of the inhabitants in regard to these two points that the present outbreak has managed to attain the proportions it has done. The powers given under the Vaccination Act had not, we believe, been properly enforced, and the number of unprotected persons was consequently very large. If the opponents of vaccination would employ a little of their leisure in studying the facts connected with the outbreak at High Wycombe, they would see every reason for ceasing their noisy crusade against the Compulsory Vaccination Act. The facts are such as to leave no doubt whatever of the protective power of vaccination. We have been assured that the only two fatal cases that occurred in the practice of one medical man were in unvaccinated persons; and in the experience of another practitioner the deaths that were directly attributable to the effects of small-pox were likewise in unvaccinated patients. On the other hand, the disease has not, as a rule, been at all severe among the vaccinated, and not one case has occurred among those revaccinated. One of the fatal cases, we are informed, occurred in the person of an individual who entertained, and always expressed, a strong prejudice against vaccination. The following may be taken as an illustration of its protective power. Three women—a mother and two daughters—occupying a single room, were attacked with small-pox. One of them was married and had a child. The infant was vaccinated on the occurrence of the disease among the adults, and it alone escaped. It almost always happens that people are valiant and foolhardy in proportion to the distance that the danger is from them; and it was so here, for the practice of vaccination and revaccination has of late become well-nigh universal. It was the same in Paris under the alarm created by the recent outbreak of small-pox. The mortality from that disease in Paris, according to the weekly official returns, was 112, as compared with 6 from the same cause in London. *En passant*, we may say a word or two in regard to the practice of revaccinating. That the impression which the vaccine virus makes upon the system varies in different persons is well known, and no law can be laid down as to its exact limits in point of time. There is every reason to believe that, practically speaking, the susceptibility to small-pox is in direct ratio to that of vaccination, and that a person on whom the vaccine virus excited no action on a repetition of the operation of vaccination, would either enjoy perfect immunity from small-pox, or, in the event of contracting it, only experience an attack of an insignificant character. Another on whom the vaccine virus excited what is termed a "modified" effect would be, in a proportionate degree, liable to suffer from the variolous poison; and, lastly, those in whom the vaccine virus is capable of producing a perfectly formed vesicle would be in no wise protected from small-pox. The practice of revaccination, then, is a good one, and quite in accordance with common sense and experience. Everyone would, of course, prefer the inconvenience of a vaccinated arm to the probability of contracting small-pox in a severe form; and if no physical result followed the operation of revaccination, this benefit would at least ensue—namely, that he would have the assurance that his system was protected, as far as it was possible to be by human means, against the action of the small-pox poison.

Medical Annotations.

"Ne quid nimis."

THE LATE MEETING IN LINCOLN'S-INN-FIELDS.

THE recent meeting at the College of Surgeons deserves more than the brief notice we were able to give it last week. The Fellows and Members, who form the "corporation" of which the Council is but the ministerial body, have now, for the first time, been allowed to assemble in their own College to discuss their corporate interests; and whatever differences of opinion there may be on the resolutions proposed for discussion on the occasion, there can be, we think, but one feeling of gratitude to the requisitionists—mostly country Fellows and Members—by whom the meeting itself was brought about. It is amusing to find speakers and writers, who only half know their subject, talking of "cliquism," "hole-and-corner meetings," &c., and complaining that a preliminary meeting of requisitionists had not been called to consider the propositions to be submitted to the meeting; when by simply applying to the secretary of the College these gentlemen might have seen the requisition itself, and have learnt that those signing it were scattered over the length and breadth of the land; and that yet pains had been taken to submit to them, as far as possible, the proposed resolutions, which were modified in accordance with opinions thus obtained.

To return, however, to the meeting itself. The resolution affirming the desirability of a single examining and licensing board for each division of the kingdom, raised no dissentient voice; for Mr. Heckstall Smith's unsuccessful amendment

only went a little further by making one board for the entire kingdom. So far the believers and non-believers in the virtues of corporations went hand-in-hand; each party, no doubt, putting a private interpretation on the word *single*, which, in the case of the upholders of so-called vested interests, meant *conjoined*—i.e., formed by a fusion of existing examining boards. This very question, curiously enough, had been fought out, as we noticed last week, at the Medical Teachers' Association on the previous Friday; and although the corporations made a good fight, their champions were out-voted by a majority who desired to be freed from corporate tyranny. We cannot forbear to notice, by the way, the curious position that Mr. Simon occupies in regard to this question. He was the first President of the Teachers' Association; and his vigorous onslaught upon the shortcomings of the corporations, and especially of the College of Surgeons, in great measure secured his election to the College Council. He is one of the committee of that Council, which, with similar committees from the College of Physicians and the Apothecaries' Society, has drawn up the notable *conjoint* scheme of which we gave the details some weeks back. He is also the responsible medical adviser of the Lord President of the Privy Council, and the author of the letter to the General Medical Council, pointing out the necessity for a single examining board, which drew that Council together so hastily last month. A perfect sphynx, or, as Mrs. Malaprop would say, "like Cerberus, three gentlemen at once," we are in want of an Œdipus to unravel the mystery.

It is absurd to suppose that the existence of the corporations would be imperilled by the formation of a single examining board independently of them. As was well put by Mr. Nunneley, "public opinion" would still ensure a stream of candidates for the higher degree of the fellowship, if not for the membership, of the College of Surgeons; and the same with the College of Physicians and the Universities. The College of Surgeons has itself proof of this honourable anxiety to obtain an extra qualification in the number of gentlemen who have passed its examination in midwifery—a purely voluntary examination, and one which confers no special advantage, except the doubtful one of the possible addition of the two not very readily intelligible letters L.M. to one's professional titles.

Before the adjourned meeting takes place, the Fellows and Members will, we trust, have had time to consider the question in all its bearings, and be able to enter upon its discussion with that calmness and attention which so important a subject demands.

KING'S COLLEGE, LONDON.

A CONTEMPORARY has seen fit to announce as facts the following imminent changes in the staff of King's College and its hospital: that Sir William Fergusson will resign his Chair of Surgery, and become Professor of Clinical Surgery, retaining his post of Surgeon to the hospital; that Mr. Partridge will, on the other hand, resign his hospital appointment, but retain his professorship of Anatomy; and that Mr. Wood will succeed to the professorship of Surgery and the full surgeoncy thus vacated. We have authority for stating that, whatever arrangements the professorial staff may have made among themselves, the Council, the governing body of King's College, has no knowledge at present of the proposed alterations, and that the announcement is, therefore, to say the least, somewhat premature.

We believe we are violating no secret when we say that it has been pretty generally felt, for the last few years, that some changes in the *personnel* of the medical staff of King's College were urgently required. The mistakes of bygone years have borne the fruit predicted, and loss both of numbers and of tone in the medical school was the best proof that things were not working satisfactorily. The advent of a new and active Principal, and the good selection made when the Chair of Physiology fell vacant, gave a promise of better things to come; but we cannot view the proposed new arrangement with unmixed satisfaction. That Sir William Fergusson must be heartily tired of lecturing on Surgery, after delivering that course for thirty sessions, we can readily believe; and, probably, no better arrangement than that proposed could be come to by which the hospital will still have the benefit of his great name and services. To give up systematic teaching, in order to be able to devote one's whole remaining energies to clinical work, is the usual arrangement embraced by most eminent teachers; but to attempt the converse is at least remarkable; and though we should be sorry to say one word which could hurt the feelings of the popular Professor of Anatomy at King's College, we cannot but mistrust any special arrangement adopted in order to prolong a thirty-five years' tenure of an office which, for its proper fulfilment, requires great energy, and no little bodily strength. That Mr. Wood richly deserves promotion of some kind, after his twenty years' labour in the dissecting-room, will be universally allowed, but the Council in making its arrangements will doubtless have an eye to future as well as present exigencies.

THE MEDICAL SERVICE, WEST COAST OF AFRICA.

WE are very glad to perceive that Mr. Brady, M.P., has given notice of his intention to move for copies of the official documents bearing upon this subject, which is one that certainly requires investigation. If the regulations and warrants be capable of bearing the interpretation put upon them by the authorities, which we think they will, this does not seem to us to dispose of the question, for these documents have been drawn up in such a way as to have evidently deceived the medical officers who volunteered for service in the pestiferous climate of the West Coast of Africa. There can be no excuse for not having defined the terms of service on the coast in a way that could admit of no question whatever. Instead of this, one has to wade through a series of warrants and documents with as much care as a lawyer has to exercise in the case of a disputed title to valuable property.

THE CHEMISTRY OF ENTIRE WHEAT FLOUR.

A GREAT deal has been stated of late relative to the importance, in a dietetic point of view, of consuming the entire wheat grain, in place of that which is now commonly used. The reason given, as is well known, is that the branny parts of the grain contain the earthy salts, which go to form bone in particular, and the cerealin, or peculiar body which changes starchy matter into dextrine. Whilst we have, on more than one occasion, commended the use of entire wheat flour, and condemned that of mere starchy compounds, especially in the case of the young, we have counselled the subtlest pulverisation of the branny portion of the grain, so that its irritant qualities may be destroyed, and appealed to the chemist for a more complete analysis of the entire wheat flour, and particularly of the latter after it has undergone the ordinary process of cooking or roasting; so as to determine the changes undergone through the agency of the cerealin, and in the cerealin itself. Professor Attfield has just made a careful analysis of Chapman and Co.'s wheat flour, and supplied us with the information we needed. He finds that this flour, *au naturel*, contains 15·2 per cent. of moisture, 14·1 of gluten, 1·62 of phosphates, and 1·91 of cerealin. By the applica-

tion of heat, as in gentle roasting, a portion of the natural moisture escapes, and the starch is in part changed. The amount of moisture is 10·8 per cent., of the gluten 15, of phosphates 1·65, and cerealin 1·2, in the roasted flour, which, in fact, is richer in flesh-and-bone-forming substance than before. Moreover—and this is a most important fact—six-tenths of the cerealin remains in the soluble state, to act as the digestor of starchy foods taken into the stomach with it. It was especially as regards the state of the cerealin in cooked flour that we needed information. The fine ground flour of the entire wheat grain is proved, therefore, to be altogether the most desirable for general consumption, and we hope it will take the place of the purely starchy compounds now in use, both in the case of children and of adults.

THE QUEEN AND THE UNIVERSITY OF LONDON.

WE mentioned a week or two since that her Majesty, with a real desire to promote the interests and to acknowledge the high position of the University of London, had graciously imposed upon herself the task of opening in person the new building in Burlington-gardens. The day fixed for the ceremony is Wednesday, the 11th of May, and the Government has made provision for the necessary funds, whilst a Committee of the Senate of the University has been in communication with the Court officials on the subject. The state of her Majesty's health is such that it is necessary that the ceremony should be as short as possible, especially as the Queen's presence for any time in the atmosphere of a crowded building is very liable to be followed by considerable discomfort. It is proposed that her Majesty should, on arrival, pass up the staircase and through the principal rooms of the building, in the different portions of which as many persons as possible will be distributed; and lastly enter the large theatre, where an address will probably be presented. The Senate desire that the ceremony should be an imposing and a public one, hence the sister universities, the affiliated Colleges, the learned Societies, and the like, will be represented by their respective heads. At the same time care will be taken that the graduates, who of course will muster in strong force, shall not be unfairly excluded from the prominent position they should occupy. Something has been said as to the propriety of the graduates appearing in academic costume. We do not understand how there can be any doubt on the point. The occasion will be one of pageant, and no pains should be spared to give it effect. It would not only be in the worst possible taste, but unbecoming the dignity of the University, considering the circumstances of the case, and at least disrespectful to the Queen, were the graduates to appear without their proper insignia. We must not forget to mention that the Prince and the Princess of Wales will accompany her Majesty.

MARLBOROUGH COLLEGE.

THE public mind has not unnaturally been considerably alarmed at the outbreak of scarlet fever at Marlborough College, and at the occurrence of three deaths within a brief period. These fatal cases having all occurred within the "college," an erroneous impression has got abroad that there must be some local cause for this fatality as compared with the boarding houses in which at other public schools the pupils are lodged. The fact is, however, that at Marlborough the arrangements are exceptional, in that nearly the whole of the school resides in the school buildings, consisting of three large blocks, termed respectively the Old House, the New House, and the Lower School, between three and four hundred boys being thus accommodated. It will be a satisfaction to the friends of the school to know that more than a year ago the school authorities requested the opinion of a leading sanitary authority on these premises and their arrangements, and that his report shows that there was little alteration or improvement to be desired.

Although scarlatina has been rife throughout the country for the last two years, and has made its appearance in almost every school in the kingdom, Marlborough College (which at one period of its twenty-five years' history had no case of scarlatina for nine and a half consecutive years), escaped entirely during the whole of the past year. The present epidemic appeared in February last, soon after the beginning of the term, and in the course of a month there were upwards of sixty cases, the first being of a very mild type. The proportion of severe cases, however, has proved to be above the general average, and far above the average of former visitations at the school. Two cases of intense severity occurred during the fourth week of the outbreak; till then all the cases had promised to do well, but soon after these two cases proved fatal, another (one of the first cases which occurred) also terminated fatally. These three deaths taking place so soon after each other, led the authorities to send a circular to every parent, stating how the health of the school stood, and leaving it to the discretion of the parents whether they should or should not withdraw their sons for a time. Acting upon this, a large number of parents have removed their sons. The school is not broken up, however, and teaching goes on as before, and there have been only two new cases since the dispersion of a portion of the school. No boy was allowed to go home without the full authority of the guardian or parent, and every boy, previous to starting, was submitted to a careful medical examination by Dr. Fergus, the medical officer of the College, to prevent as much as possible his being on the verge of a seizure. Before the removal of any convalescent, the local railway authorities were requested, if possible, to reserve a compartment for such cases.

WATER FILTRATION.

A STRIKING instance of the unsatisfactory way in which matters of an important *public* nature are dealt with under our existing system of *private* bill legislation, has recently come to our knowledge. The Birmingham Waterworks Company are, this session, prosecuting a Bill in Parliament for an extension of their powers, and the Corporation of the town has appeared by counsel before the Select Committee, for the purpose of getting certain clauses inserted to protect the interests of the townspeople. One of the clauses promoted by the Corporation was to the effect that the Company should filter their water, and store it when filtered in covered reservoirs. It was argued on behalf of the clause that shells and worms now frequently came through the Company's stand-pipes, and the evidence of Dr. Hill (the borough analyst), Dr. Frankland, and Mr. Rawlinson went conclusively to show the importance of filtration. Nevertheless, after hearing the unsupported evidence of Mr. Hawksley, who contended that shells, sponge-like substances, and "small spinning caterpillars" were as common in pure as in impure water, and that "anything may be got out of reports and books" (in allusion to Dr. Hassall's reports on water impurities), the Chairman of the Select Committee said the unanimous decision of the committee was against the clause. It is really time we had a Minister of Health to supervise all legislation in sanitary matters, and to prevent Parliament from stultifying itself as it does when it passes a water-supply Bill containing no provision for filtration.

PERMANENCE OF POOR-LAW MEDICAL APPOINTMENTS.

THE Poor-law Board has committed great injustice in having, by its orders, deprived many Poor-law medical officers in the metropolis of the permanent character of their appointments. The arrangement was no doubt intended to facilitate any changes which might be rendered necessary by the introduction of dispensaries. But it appears to us to have placed a very dangerous power in the hands of the guardians, and to have been quite unnecessary, because, whether deprived of their offices or not, the question of compensation was left completely and exclusively in the hands of the Poor-law Board.

The guardians of Islington have not been slow to avail themselves of the opportunity of avenging themselves for their failure in obtaining the dismissal of Dr. Slater last year. This officer was appointed permanently, and so long as that was so the guardians could not dismiss him without the consent of the Poor-law Board. But the old Board of Trustees was replaced about a year ago by an elected Board of guardians. The appointments virtually ceased, and the Poor-law Board then permitted the guardians to elect their medical officers from year to year, thereby depriving them of their just and fair position. But for this it would have been impossible to treat Dr. Slater with such unfairness. Nor would it have been possible for a guardian to get up and propose that another officer should also be dismissed because he had ordered too much tincture of iron and too many extras. The facts speak for themselves. Dr. Slater has memorialised the Poor-law Board, and after having last year acquitted him of the charges brought against him by the guardians, it is only right that he should be protected.

A LONDON HEALTH-RESORT.

WE were very much struck on the occasion of a recent visit to the Crystal Palace with the contrast which was presented by the inside and outside of the building. It was a bitterly cold day, the ground was covered with snow, and the crouched forms of persons hurrying along plainly indicated that one of those bleak, cutting winds was blowing which are the terror of the invalid, and the cause of sarcastic remarks on our climate by the foreigner. All without looked as bleak and cold and uninviting as one could conceive. Within, the temperature was delightful, and the air felt as balmy and pure, and the vegetation looked as verdant, as on a summer evening. We could not help remarking what a boon the Crystal Palace was to the invalid with a proclivity to bronchitis, rheumatism, or neuralgia. If doctors require to employ their faculty of hearing in the every-day pursuit of their profession, there are many of them who likewise possess a musical ear and a cultivated taste. It was one of the Saturday Concerts, and the music struck us as uncommonly good, especially a symphony by Ferdinand Hiller, "The Approach of Spring," and a *scena* from the unpublished opera of "Medea," by Randegger. A solo on the violin, by Hans Ries, the nephew of the composer, and a song by Madame Patey, were also admirably executed.

ROYAL MEDICAL BENEVOLENT COLLEGE.

THERE is, without doubt, a general and widespread feeling that the *morale* of the pupils of the Epsom College is low, and the evidence is as strong as it can be on this point. Theft has been common amongst them, and this and other indications of want of discipline have existed, not only recently, but for some little time past, if our information be correct. Indeed, a feeling of great and justifiable dissatisfaction at the domestic or social administration of the College has existed amongst the mass of boys for months. Steps, as we announced last week, have been taken by the Council to investigate the complaints that are made. No school placed in an atmosphere of low moral tone can ensure anything like scholarship in its pupils, and it is only scant justice to its supporters that strong measures should at once be taken to restore proper discipline within its walls, and to ensure that no repetition of the existing evils shall by any means again be possible. A cloud hangs over the prestige of the College, and the Council must see to it that there is a full and sifting inquiry which shall clear this at once away. In so doing the Council will receive the full approval of a gradually-increasing number of friends, who have not and will not fail this noble institution so long as it fulfils its useful mission.

LEITH HOSPITAL.

ACCORDING to the report of this institution, the mortality in the whole hospital was 19 out of 241 patients, or less than one-twelfth; the other eleven-twelfths having been cured, with the exception of some half-dozen cases relieved but not permanently cured, and 22 remaining under treatment. Fever (typhus being the prevalent type) numbered a considerable percentage of cases, owing to there being particular streets, closes, and houses where the typh-poison seems to have been largely concentrated, and to have sent forth fresh victims again and again. One land in Smeaton's-close furnished no fewer than six cases, and these not all at once, but some of them at intervals of months. "*Quousque tandem abutêre, Bumbledomia, patientiâ nostrâ?*" is our natural exclamation on reading announcements like this. The most practical suggestion in the discussion which followed the reading of the report was that of Dr. Struthers, who recommended that a refuge should be provided for the inmates of a house where fever had occurred until the latter could be thoroughly disinfected.

HEALTH OF ALL RANKS IN INDIA.

IN an article with this heading, the *Broad Arrow* draws a parallel between the habits and mode of life of European officers and soldiers in India, in which the points wherein these classes resemble and differ from one another are put forward. The subject is worthy of attention, for its study may serve to indicate the causes of the very disproportionate rates of sickness and fatality in the two classes. Scarcely a season of epidemic cholera occurs in India which does not prove that it is the rank and file of our troops which form its victims. It must not be forgotten that the native army, as well as the European officer, suffer relatively little from the ravages of cholera. Reviewing Dr. Bryden's report, we adverted to this subject, and we showed that when the former were placed under the same conditions as European troops they no longer escaped. To differences of race and domestic habits some influence must be ascribed; but one of the chief predisposing causes to attacks of epidemic disease consists in the massing of human beings together, and the consequent deterioration of the air they breathe, and the facility afforded to the operation of contagious influences. Our contemporary minutely details the particulars in which the life of the officers differs from that of the men of a regiment. It is, we feel persuaded, to the air of the barrack-room, the night duties, the brandy and arrack, the visits to the native bazaars, the unrefreshing sleep from the heat and often the presence of vermin, and the comparative neglect of personal ablution, that the greater proclivity of the private soldier to contract epidemic disease is mainly due. There is one point in regard to water which we should be glad to see cleared up. Does the officer

drink less water and of purer quality than the soldier? As might be anticipated, a regiment newly arrived in India commonly suffers disproportionately from the diseases incidental to the climate, and this is said to be particularly the case if it be in great part composed of young soldiers. European troops should always, we think, on arrival, proceed to a hill station; indeed, we believe that, whether we adopt the hypothesis of "invasion" or of "contagion" in explanation of the frequent outbreaks of epidemic cholera on the plains, the only practical way of securing our troops from these visitations is to remove them to the hills.

CUTANEOUS ABSORPTION.

M. BRÉMOND of Vincennes, in a lecture delivered at a late *séance* of the Academy of Medicine, states that he believes he has irrefragably proved the occurrence of absorption by the skin of a medicinal substance, even when this is not volatile, as in the case of iodide of potassium. In a first series of experiments he exposed the skin to the action of a vapour bath charged with the salt, gradually raised to a temperature of 113° F., for half an hour. Two hours afterwards iodide of potassium was observed in the urine, though it could only have entered by the skin. In a second series of experiments he found that no absorption ordinarily occurs unless the temperature of the vapour bath exceed the normal heat of the body by at least one or two degrees, and the exposure have lasted for at least half a minute. Whilst in a third series he states, as the result he has obtained, that even at 95° F. absorption may occur, provided the body have previously been exposed to the action of a vapour bath, and afterwards vigorously soaped and rubbed, by which means all the oily material is removed. These experiments explain the different results that have been obtained by various observers.

TRAINING OF MIDWIVES.

AN examination was held at Sir Patrick Dun's Hospital, Dublin, in February and March, when twenty-three candidates were found qualified for the diploma in midwifery of the hospital, and have been sent back to the regiments to which they belonged. Several bronze medals were distributed as prizes; the silver medal being bestowed on Mrs. Mary Jones, 18th Foot, whose examination consisted not only on midwifery, but on questions as to hygienic and climacteric laws, and whose answering averaged 90 per cent.

Apropos of this subject, we may call attention to an inquest that was lately held at Poplar on the body of a poor woman who had been attended in labour by a midwife. It appeared from the medical evidence that a large part of the placenta had been left in the uterus, and that death was caused by the absorption of putrid fluid from decomposition. The so-called midwife was a ghastly example of utter ignorance. When asked if she had a maternity certificate, she inquired what that was; and on receiving the explanation that it meant a certificate stating that she was a qualified midwife, replied that she had qualified herself *by reading Aristotle*. When asked if she had been "censured" by a Coroner with regard to another case, she said, "Censured! what is that?" It further appeared that she is in the habit of attending about a hundred women every year, and she admits one "mishap" before the present one. If we must concede that the attendance of medical men is a luxury beyond the reach of vast numbers among the poor, we are all the more entitled to demand that some restriction should be placed upon the practice of midwifery by ignorant women. The question is one well worthy of the attention of the Legislature; and the present facilities for acquiring rudimentary knowledge are such that no hardship could be inflicted by insisting upon its possession. The midwife in this case escaped with a reprimand, for which she will care absolutely nothing.

PUBLIC VACCINATION.

AT a recent meeting of the board of guardians of the St. Saviour's (South London) Union, it appeared that there was no authority to pay a sum of £13 7s., due to four medical gentlemen for cases of successful public vaccination. The vaccinations charged for were performed at a time when no contracts were in force; and hence the Poor-law Board, having been appealed to, expressed "much regret at being obliged to state that the guardians could not legally pay the bills, and that therefore the Board could not issue any order for their payment by the guardians." A resolution was unanimously passed by the guardians declaring the great injustice that would be done to the claimants and once more appealing to Gwydyr House. We believe that the power of guardians to make payments for services rendered is confined within limits that are much too closely drawn; and that, at all events, a discretion should be vested in some public officer, or in some department of the Government, for the purpose of meeting exceptional conditions that now press very hardly upon individuals. As regards the particular case in point, we would suggest that the ratepayers of the parishes concerned, St. George-the-Martyr and Newington, should themselves take the matter in hand. They should not allow the vaccinators to be cheated out of a paltry sum by the pressure of red tape.

ACCIDENTAL LEAD-POISONING AT GUILDFORD.

ONE man has fallen a victim to the lead-impregnated beer supplied from the brewery near Guildford, to which Dr. Taylor called attention in our columns two weeks ago. Henry Wapshott, a labourer in his seventy-first year, was the unfortunate individual in question, and an adjourned inquest was held on him at Ripley-green by Mr. G. H. Hull, coroner for the Western Division of Surrey. Wapshott had indulged freely at two public-houses in the beer of Messrs. Crooke's brewery, and shortly afterwards was seized with manifest lead-poisoning—the gingival blue line being especially distinct. In spite of Dr. Taylor's assiduity and skill, he died in great agony; and though pneumonia wa found at the autopsy, still the manifestations of lead-poisoning had been too outstanding to admit of the inquiry stopping there. Application was therefore made to the Secretary of State to allow Dr. Taylor to analyse the stomach and its contents; but red lead having, in the meantime, been found at the brewery in a tank used for cleansing barrels, the Secretary of State thought the investigation into the condition of the stomach unnecessary. In two samples of beer procured by Mr. Eager, surgeon, from a public-house at Ripley, and sent by him to Mr. Hooker, the analytical chemist, were found traces of red lead, but in minute quantity. Mr. Crooke, the proprietor of the brewery, stated that some red lead had accidentally fallen into a galvanised iron tank used for cask-cleansing, and that a quantity of sediment, undoubtedly the source of the mischief, had been found in the tank when cleaned out. The firm, he added, had, immediately on ascertaining the fact, called in the beer from all the public-houses to which it had been supplied. In answer to the Coroner, who wished him to make public intimation of his intention to destroy the lead-impregnated beer, the brewer stated that in his belief not more than twenty casks were poisoned, and

that the remainder would be so dealt with as to render it innocuous. The verdict of the jury was to the effect that Wapshott had died of inflammation of the lungs, accelerated by the poison of red lead, accidentally imbibed with some beer in which he had indulged. The extent to which lead-poisoning prevails, not only among beer but cider drinkers, aggravates the evils which spring from the excessive consumption of those beverages, and fully warrants legislative interference for the prevention of its future occurrence.

EFFECTS OF COLD BATHS IN TYPHUS.

THE last part of the *Deutsches Archiv für Klinische Medicin* contains a paper by Dr. Ludwig Schröder on the influence of cold baths on the excretion of carbonic acid, and on the excretion of urea, in typhus. M. Schröder gives a good historical *résumé* of the subject, and describes the results he obtained from the examination of nearly twenty patients in whom this mode of treatment was adopted; and the conclusion at which he arrives is, that cold baths effect a marked diminution of the excretion of carbonic acid and urea, and therefore clearly retard the metamorphosis of tissue.

PROFESSOR OWEN.

IT is pleasant to see the great "instaurators" of modern science, as Bacon would have called them, communicating their knowledge to the less gifted and less instructed of the public, and earning Chaucer's praise in his grand old description of the Oxford Clerk, of whom he says, "Gladly wold he lerne and gladly teche." On Saturday, Professor Owen appeared in a capacity which was often assumed by his late scientific brother, Michael Faraday, when (assisted by Mr. Henry Woodward) he conducted the members of working men's clubs through his special department in the British Museum, and explained to them the nature of the extinct animals.

RULES FOR THE DUTIES OF THE MEDICAL OFFICER OF LAMBETH WORKHOUSE.

THE guardians of Lambeth have drawn up a series of printed rules for the direction of their medical officers. They appear calculated to secure proper attendance on the sick, and the harmonious discharge of duty. But why should not such instructions be issued to the nurses and medical officers of the workhouses generally? We should not then have patients continually poisoned by taking wrong medicine, as at St. Pancras, and people dying for want of being "slated." There ought to be no difficulty in patients getting the stimulants they require at any hour, either of the day or night; indeed, a certain reserve should be in the nurses' hands for emergency. The absence of such rules shows the absolute necessity of having a medical department at the Poor-law Board.

NORFOLK AND NORWICH HOSPITAL.

WE have received the Report of this institution for the past year (1869). The number of in-patients, including those remaining from the previous year, was 1147; of these, 368 were casualties received in 1869. The daily average of in-patients was 125, and the average number of days during which each in-patient remained in the hospital was 40. The total number of out-patients was 2013. Mr. T. W. Crosse, the honorary secretary and curator, reports on the condition of the museum. The cabinets of calculi now contain the records of more than a thousand operations that have been performed within the walls of the hospital; and the present number of preparations, to which additions of great interest and value are annually made, is 2467. The operations for removal of stone from the bladder were—by lateral lithotomy, 8, of whom 1 died of peritonitis; by the median operation, 2, both being recoveries; and 5 by lithotrity, all of which were successful.

MEDICAL STUDENTS' REGISTER.

THE Registrar of the General Medical Council has just issued the annual list of medical students registered during the past year as having commenced their studies at some medical school. The numbers registered in the three divisions of the United Kingdom are as follows:—In England, 530; in Scotland, 317; and in Ireland, 317;—making altogether 1164 freshmen during the year. All the numbers show an increase as compared with last year; and the exact agreement between Scotland and Ireland on the present occasion is the more remarkable, since last year there was a difference between them of nearly one hundred pupils. The numbers last year were—in England 483, in Scotland 266, and in Ireland 175, together making 924. Owing to the increased number of pupils, the register has grown from sixteen to twenty-two pages, and will be correspondingly costly. As we believe that no one ever buys a copy of the work, it is evidently one of no great interest to the public, and any use of which it might possibly have been to the managers of the medical schools is entirely frustrated by its publication at the *end* of the winter session. We would strongly urge upon the General Medical Council to abandon the publication of details which confer no benefit upon anyone except their own printer, and thereby forego a very considerable expenditure.

COTTAGE HOSPITAL FOR HARROGATE.

A PROPOSAL to establish a cottage hospital for Harrogate has met with a cordial reception amongst the inhabitants of that place, and a meeting was held on the 21st ult. to carry it into effect. There are, during many months of the year, a large number of domestic servants employed, and it has been found very difficult in a busy time to get proper attendance for them when taken ill; Harrogate being quite destitute at the present time also of any special resource in case of accidents, which have to be sent to Leeds. In addition, the poor are numerous, and are scantily provided for in the way of hospital accommodation. A committee has been formed to proceed at once with the establishment of the desired institution. One collection in each place of worship every season would, probably, it is thought, provide the necessary means for its maintenance, and we cannot conceive that the liberality will be withheld by the inhabitants and visitors of the neighbourhood in which it will do its good and useful work. The project to establish a dispensary in connexion with the hospital is one which we commend.

THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

DURING the past week Mr. Rawdon Macnamara, the president, and Dr. T. Stannus Hughes, the secretary to the Council of the Royal College of Surgeons in Ireland, have been in London and in communication with various authorities with respect to the proposed Medical Bill. On Friday, the 25th ult., Mr. Macnamara had a prolonged interview with the President and Vice-Presidents of the Royal College of Surgeons of England; on Saturday with Mr. Simon, the medical officer of the Privy Council; and on Monday afternoon with Earl De Grey, the Lord President of the Privy Council. We believe that the object which the Royal College of Surgeons of Ireland has in view is to devise some means by which the Irish corporations, which have

always maintained a high standard of medical education and examination, should be relieved from the competition of certain Scotch bodies, whose readiness to accept a low scale both of professional knowledge and fees has been frequently remarked upon in these columns.

ST. BARTHOLOMEW'S HOSPITAL.

AMONGST other changes which have been made at St. Bartholomew's Hospital, in consequence of the recent discussion, three new physicians and surgeons have been appointed to the casualty department. The physicians are Dr. Thorne Thorne, Dr. Hollis, and Dr. Legge; the surgeon, Mr. Morrant Baker. Dr. Hensley has been elected to the vacant assistant-physiciancy.

QUEEN'S COLLEGE, GALWAY.

THE Visitors of Queen's College, Galway, held an extraordinary visitation on Wednesday last, in the apartments of the Queen's University, in Dublin Castle. The object of the visitation was, according to the notice posted on the Galway notice-board, "to inquire into certain facts, or the decisions of the College Council, by which Mr. A. S. Melville considers himself aggrieved, as particularly mentioned in the memorial from the said A. S. Melville to the Visitors."

MR. FARNALL, C.B.

OUR readers will be gratified to learn that Mr. Farnall, Poor-law inspector, has been transferred to the south-eastern district. Mr. Farnall was an able and industrious officer whilst in charge of the metropolis, and the administrative ability he evinced in Lancashire during the cotton famine obtained for him the well-merited distinction of C.B.

THE PRESTON SICK CLUBS.

THE *Ulverston Advertiser* announces that Dr. Barber has declined the offer of the appointment of physician to the Preston Dispensary, and that he intends to continue his practice in Ulverston. We have reason to believe that this statement is correct.

THE Newcastle and Gateshead Gas Company have adopted a course which we would gladly see more generally followed. They advertise the names and addresses of the members of the Corporation Gas Committee in the newspapers, and also suspend the same at the Westgate Police Station, and invite all and sundry who detect any nuisance or smell proceeding from their works, to lodge their complaint with any member of the committee aforesaid. The receiver of the complaint will then accompany the complainant to the place where the nuisance or smell is said to emanate, and the evil (if confirmed) is remedied either on the spot or with the least possible delay.

FROM a parliamentary return just issued, it appears that zymotic diseases caused 23 per cent. of the total deaths in England and Wales during the five years 1864–68, and 20 per cent. in Ireland; in Scotland the proportion during the four years 1864–67 was 23 per cent. It is worthy of note that, in the same periods, small-pox caused 3·9 per cent. in England, 3·7 per cent. in Scotland, and 1·7 per cent. in Ireland of the deaths by zymotic disease.

WE have pleasure in announcing that Dr. S. W. D. Williams has been appointed Medical Superintendent of the Sussex County Lunatic Asylum at Hayward's-heath, in the room of Dr. Lockhart Robertson, who resigns on taking office as Visitor of Chancery Lunatics.

WE understand that the Royal College of Surgeons, Ireland, has given its adhesion to the reform recommended by the Medical Council—that a single examining board in each of the three divisions of the United Kingdom should be substituted for the numerous examining bodies which are now in existence.

THE Prestwich board of guardians have decided on printing and circulating throughout the union a statement of the beneficial results of vaccination which has been submitted to them by Mr. J. H. Covency, one of their district medical officers. There is much small-pox of a dangerous type in Prestwich and its neighbourhood.

WE are very glad to perceive that a strong movement has arisen in favour of the removal of Knightsbridge Barracks, which appear to be a source of annoyance to the inhabitants, besides being unsightly in appearance and miserably defective in point of sanitary arrangement.

THE Senate of the University of London has selected Professor T. Archer Hirst, F.R.S., to fill the important post of Assistant Registrar in the University.

THE *Practitioner* for April contains an excellent paper, the first of a series, on the Dietetic and Medicinal Uses of Wines. In the able hands of Dr. Anstie, the editor, these papers cannot fail to be of great interest to the profession and the public.

THE Imperial Academy of Science, Lille, has offered two prizes: one for the best work on some branch of experimental physics; the other on the use of the thermometer in medicine. The prizes will consist of 1000 francs each.

ROKITANSKY has been elected president of the Imperial Academy of Science at Vienna.

ARRANGEMENTS have been made to hold a general meeting of the profession in the Lower Hall, Manchester, on Thursday, the 7th of April, to consider the question of the amendment of the Medical Act, with a view to memorialising the Government for a comprehensive measure of reform.

IT has been resolved to establish a Provident Institution in connexion with the dispensary at Reading.

OUT-PATIENT ADMINISTRATION REFORM.

UPWARDS of a hundred and fifty gentlemen met together on Thursday evening, the 24th ult., under the presidency of Sir William Fergusson, to discuss the condition of out-door medical relief in the metropolis. Dr. Stallard and Dr. Heywood Smith acted as secretaries, and amongst those present were Mr. Spencer Wells, Dr. A. P. Stewart, Dr. Fuller, Dr. Lawson, Mr. Hutchinson, Mr. Birkett, Dr. A. Meadows, Dr. Protheroe Smith, Mr. Holmes, Dr. Buzzard, Mr. Henry Power, Dr. F. W. Pavy, Mr. Callender, Dr. H. Dobell, Mr. Gant, Mr. J. D. Hill, Mr. Holmes Coote, Mr. R. B. Carter, Mr. Jabez Hogg, Mr. Hancock, Sir Duncan Gibb, Mr. F. Mason, Mr. Critchett, Mr. Gascoyen, Mr. Fairlie Clarke, Dr. J. E. Pollock, Dr. Anstie, Dr. Burdon Sanderson, Dr. Clapton, Dr. Glover, &c.

Sir WILLIAM FERGUSSON, on taking the chair, said:—Gentlemen, you are no doubt perfectly aware of the origin of this meeting. Many gentlemen, interested in the welfare of our profession, entertain an idea that there are

some things associated with the dispensation of our knowledge to our fellow-creatures that require careful consideration on the part of our profession, not only for the sake of the profession itself, but for that of the public in general. The topics which we are to discuss to-night have doubtless been frequently under consideration at the institution or institutions with which most of us are, or have been, connected, both by the professional staff and by those charitable and kind-hearted individuals who devote a considerable share of their means, and of their valuable time, to the administration of our services to the poor. But in the united discussion of the subject by such a meeting as this much good must result, for I am delighted to see so many present who are actively engaged in the work referred to. I have repeatedly known the arrangements of dispensaries and out-patient departments of hospitals taken into careful consideration by those best qualified to do so in certain institutions; but when things were brought into what was supposed to be the perfection of human wisdom, it was invariably found that there was some hitch whereby the whole arrangements fell to the ground. But instead of arrangements being thus made by any single institution, you have now an opportunity of comparing notes; and I hope that, for the sake of those institutions, and for the sake of our professional brethren, some plan may be found which shall do good in every direction. We are not working entirely on behalf of our own profession. No doubt each one feels, as I do, that we ought to have our own profession first at heart; but I believe everyone in this room feels, as I do, most anxious to do that good which results from the exercise of our profession towards those of our fellow-creatures who have it not in their power to call for assistance. Moreover, gentlemen, we have a great duty to perform towards those of our brethren in society who do so much for the great charities with which we are connected. We all know what an almost incalculable amount of money is given to these charities by those who have means to spare, and I think it ought to be our duty to do as much as in our power lies to see that the charity which those benevolent individuals put, as it were, at our disposal, is not misdirected; that it is not given to those who have no right, according to the rules of society, to claim that charity, either from those individuals who give so liberally or from our profession, who often give liberally in the way of money, largely in the way of time, and, perhaps beyond estimation in the way of skill. With these remarks, I shall leave the subject to your consideration.

Mr. HOLMES COOTE, in proposing the first resolution, said that if statistics were to be trusted, at least one-half of the population of the metropolis were receiving gratuitous medical relief. Even allowing for those who go to several institutions, there still remained an enormous proportion of the population receiving gratuitous relief; while it was not known who they were, whence they came, or whither they went. To effect that gratuitous relief they had an immense number of dispensaries, a vast number of special hospitals, and a rearrangement of the work at the old hospitals. They were to blame for not having grappled with the evil before, for it had extended itself to the adjacent cities and portions of the United Kingdom. Village hospitals would be followed soon by village dispensaries, and village special hospitals, till gratuitous medical relief would be given throughout the length and breadth of the land; money would be subscribed liberally, and the only man neglected and forgotten would be the medical man himself. From his own experience of the effect of a large hospital he could say that indiscriminate relief swept away the medical men from its neighbourhood. In every institution that relief was increasing year by year, and they could imagine what would be the effect upon the profession at large. He had gone over the list of medicines administered at his own hospital, St. Bartholomew's, and found that, in the vast majority of cases it consisted of food in the form of cod-liver oil (900 gallons), quinine (1200 ounces), and ammonia (3 cwt.). People came there for food, and he maintained that that was not the proper duty of an hospital or dispensary. At special hospitals there was an immense amount of abuse. When he was connected with one of them, a person applied for relief for her child. He asked what the father was, and was told a soldier, and he afterwards found out that he was a field officer in her Majesty's service. In all cases there ought to be a most strict supervision. The old system of hospitals was a good one, that of governors' letters, in which there was some inquiry into the condition of the patients who were put upon the hospital list, and it gave the profession some guarantee that the charity was not abused. He concluded by proposing,—"That the meeting is of opinion that there exists a great and increasing abuse of out-door relief at the various charities, hospitals, and dispensaries of the metropolis, which requires immediate attention."

Mr. HOLMES, in seconding the resolution, referred to Mr. Hardy's Poor-law Act, by means of which out-door dispensaries were attached to all the workhouse districts in London. If that measure were in action it ought to abolish to a great extent the out-patient practice in the metropolis; it ought to provide gratuitous medical relief to all in the class of paupers. The ratepayers paid an enormous sum for the relief of the poor, and there was no reason why the hospitals should be used to supplement such costly machinery. The deduction that would thus be made from the out-patient practice at hospitals was incalculable, as was everything connected with the question. All statistics on the subject were fallacious, and he did not believe that, as Mr. Holmes Coote had said, half the population of London were receiving relief, for he did not believe that there were a million sick persons in London. Further, he could say, from an out-patient experience of more than twelve years, that very much of the assistance given was merely nominal. He should be glad to think that the time they gave, the attention they gave, the amount of personal supervision they gave to their cases were sufficient to enable them to say that they were doing their duty conscientiously, and could look back on a day so spent as a day well spent. If so, he envied the gentlemen who could say it. He had been ashamed of the out-patient practice he had been in the habit of going through, when he compared it with the amount of attention given to persons in private practice. What would they say if they saw thirty patients in an hour at their own houses, or, rather, what would the thirty patients say of them? Must there not be something wrong in a system which gave only a minute and a half to a patient? Moreover, it was notorious that many of the patients were not seen by the medical man, but by a pupil, who knew as little as a commencing pupil must necessarily do. Was it enough for an unfortunate man to wait four hours to see a doctor for half a minute who knew nothing about him, and cared nothing about him? The out-patient department was a disgrace to the medical charities, and it was incumbent on the authorities of the hospital to see that every patient saw not merely a first or second year's student, but the person under whose care he nominally was; and that no number of persons are seen but those whom that medical officer really can see, and that no persons are seen but those whose cases ought fairly to be brought under the notice of the medical officer. He thought it a subject for consideration, moreover, whether the dispensing of medicines to such persons ought not to be entirely given up. He had seen with approbation the system in the Parisian hospitals, where the patient merely has an opinion, which he can submit afterwards to his medical man. At any rate, the numbers must be diminished for the purposes he had mentioned.

Mr. HENRY LEE endorsed the opinions of the preceding speakers, and remarked that the benevolent people who support the charities think that they do an amount of good in proportion to the number of cases seen. Indiscriminate relief encouraged the people to be sick, just as indiscriminate relief under the Poor-law system made the people paupers. They were destroying the self-respect of the people, injuring the legitimate practice of their brethren, and not unfrequently damaging their own reputation. He had seen persons leave an hospital with their bottles turned upside down, the cork out, and a stream of carbonate of magnesia following them down the street. Indiscriminate private relief, moreover, had the same evil influence on another class.

Mr. LIDDLE, of Whitechapel, thought it would be well if all medical out-door relief were done away with, surgical cases being excepted. He had known a person in good circumstances send her servant to the London Hospital to keep her place in the waiting-room, which was given up to the lady when her turn came, and the servant waited to carry away the medicine. He thought the evil was in part

due to the anxiety of the hospitals to advertise as large a number of patients relieved as possible.

Dr. FULLER thought that it should be a primary rule in all out-patient arrangements for the physician himself to see the patients, and not pupils, under the idea that it was instruction for them. The committee should arrange the admission of patients. The other day a case had occurred in which the children of a dressmaker in large business, whose husband was earning £250 a year, were attending the hospital, and when spoken to, the mother justified herself by referring to a friend of hers, even in better circumstances, who did the same thing.

Mr. CURGENVEN repeated a suggestion he had made last year, that an officer should take down the names and addresses of all the out-patients, and then call at the houses of the most suspicious cases. The knowledge of the existence of such a system would deter all not needing relief from applying for it.

Mr. GANT said that he had inquired into the circumstances of twenty of his out-patients consecutively; all were single men, most in work, and their wages varied from 25s. to £3 per week.

Dr. ROUTH thought that the abolition of the present out-patient system would be powerless, for other establishments would immediately crop up, and take the patients. Special hospitals were particularly liable to abuse. At the one with which he was connected persons of £800 a year sent their wives and daughters to be attended to by them. They had since instituted a porter who asked each patient what rental he paid, and whether he kept a servant. This acted as an excellent check. Several times persons had given their rental at £90 a year. No person whose rental was above £30 was seen until the question had been referred to the secretary. The result was that many of these people came to consult them at their own houses, and paid, in a short time, their twenty guineas, and more too.

Dr. GLOVER differed from the previous speakers as to the condition of the bulk of the out-patients. A few years ago he had tried to ascertain the social condition of the out-patients of the dispensary with which he was connected—the Holloway and North Islington Dispensary. Of twenty-five cases taken at random, he found only one case decidedly unfit to be relieved at a dispensary—the case of a Billingsgate fishmonger. The other cases included, indeed, the wives and children of men with good wages. But he argued that it was wrong to conclude that a man was well off merely from the wages he received. The general health of his family, and the uncertainty of work, should be taken into account. The existence of a constitutional weakness, such as struma, in a family, causing numerous ailments, or perhaps deaths; or of frequent or chronic sickness in several members, and requiring courses of expensive medicines, such as cod-liver oil and steel wine, or quinine, was very serious in its effects on the resources of a working man, even with good wages; and until provident dispensaries, or some such means, were far more successfully organised than at present, he did not see how such families could get proper medicines in proper quantities, apart from our present hospital and dispensary arrangements—especially in London, where, according to his experience, a much smaller proportion of working men were in sick clubs than in the country. While agreeing in the main with the resolution, Dr. Glover thought great care should be taken in making any changes. At the present time, in the north of London, he was struck with the amount of real hard poverty, and puzzled to know how the poor lived. Men were out of work on a large scale, and women were keeping the families from starvation by laundry and other sorts of work.

Mr. YOUNG strongly advocated the system of provident dispensaries, of the working of which he had had practical experience.

Mr. T. SMITH referred to the plan recently adopted at the Children's Hospital, to check improper applicants. On each paper was a statement that the person was poor, and needed hospital relief, and was a proper object for the charity. This had to be signed by a minister of religion. The result was at first good, but hospital out-patients were not to be so easily done; and now the better class of patients were becoming governors, and thus providing themselves with letters which required no signature. He thought it very important to distinguish between medical and surgical out-patients. With respect to the latter, he did not believe one word that Mr. Holmes had said, who, he thought, had been too free in his self-accusations. If patients were not well treated they would not come back. A minute and a half was ample allowance for each surgical out-patient; out of a hundred, at least fifty merely wanted the medicines repeated, and two minutes would suffice for the whole of those. Of the remainder at least twenty would be cases of gonorrhœa, and when accustomed to it, they could prescribe for a case of gonorrhœa as effectually in five seconds as in fifty minutes. That would leave plenty of time to spend over the interesting cases.

Dr. O'CONNOR gave an instance in which a person describing herself as the wife of a railway cashier, with an income of £600 a year, applied to him some years ago for advice at the Royal Free Hospital. This, however, was an exceptional case. The class of applicants, for years back, were poor; and though some, such as carpenters and bricklayers, might be in a condition to join provident dispensaries, they could not afford to pay for medicine or advice. He believed the real abuse of hospital charity existed at those hospitals where rich governors gave letters of recommendation to their butlers or other persons, who gave them to well-to-do tradesmen in the neighbourhoods of some West-end hospitals, and especially special hospitals.

Dr. WARWICK observed that it was the duty of the governors to see that the interests of the profession did not suffer from the indiscriminate relief given at the present day. He thought the profession were taking too much discredit to themselves for the abuses which exist, while it was due to the bad management of the governors and committees of management.

Dr. A. P. STEWART thought that the resolution, instead of merely affirming a truth so palpable to all, and which had been affirmed hundreds of times before, should point to some remedy. It was a favourite custom with the English people to follow the gushing impulses of charity and benevolence, to set up systems which they soon found to inevitably lead to abuse, and then to devise laborious checks and counterchecks in order to meet the evil. They set up gratuitous systems of relief, and then wondered that in a short time they should breed poverty where poverty did not exist before. The abuse would be remedied by no checks, but only by the destruction of the system which had caused the evil. The self-respect and independence of the recipients of charity were completely destroyed by gratuitous relief, and the feeling of shame with which the relief was first asked for, soon gave place to what Lord Brougham, nearly thirty years ago, called the "sturdy act of a masterful beggar, taking the charity which he came to ask for as his right, and not as a favour." It mattered not whether the responsibility of the evil were thrown upon the governors or the medical officers, no reform would be efficient which did not abolish the system altogether. He said twenty years ago, and he said so still, that the free dispensary is the first step down the inclined plane which leads to the workhouse and the infirmary, while the provident dispensary is the first step up the inclined plane that leads to the savings'-bank, to independence, and to prosperity. He concluded by proposing an amendment,—"That, in the opinion of this meeting, the evils inseparable from the system of gratuitous out-door medical relief can be effectually met only by the establishment, on a large scale, of provident dispensaries, not only in the metropolis, but throughout the kingdom."

Dr. STALLARD, while expressing his approval of Dr. Stewart's idea, thought the subject of the remedies proposed ought to be left to the committee that was to be nominated at that meeting. In the course of his visits to several of the metropolitan hospitals he had found not more than twenty cases could fairly be seen in an hour. He did not regard the continued visits of patients as any evidence that they were deriving benefit from the treatment, since the same individual sometimes attended four different dispensaries.

Dr. DRYSDALE seconded Dr. Stewart's amendment. He thought the large hospitals were now in a position to ask for a Royal Commission to examine the whole system.

Dr. YEO considered the out-patient department most useful for purposes of instruction, and that, too, by means of some of the cases they were desirous of excluding. Not long ago one of the household of the Chancellor of the Exchequer appeared among his out-patients. He did not

send him away because his case was one of very great interest, and the use which he was to the students quite compensated for the little indiscretion he committed in accepting him as a patient. He called attention to the excellent process of selection employed at Guy's Hospital.

DR. OPPERT advocated the amalgamation of provident dispensaries into great central educational establishments after the continental fashion.

MR. SPENCER WELLS suggested the combination of Dr. Stewart's amendment with the original motion. He approved of the system of provident dispensaries, the working of which had been attended with the greatest possible success, and had even proved remunerative to the medical officers.

DR. ANSTIE thought that the meeting should merely refer the subject of the provident dispensaries to the consideration of the committee.

DR. STEWART declined to withdraw his amendment, as he wished for an expression of opinion on the part of the meeting.

MR. PANTRIDGE also regretted that the amendment should be pressed.

After some remarks by DR. FITZPATRICK,

DR. CLAPTON referred to a scheme which Mr. Whitfield, of St. Thomas's Hospital, had drawn up, to be worked by the co-operation of the staff and governors of the various hospitals and dispensaries.

After some further conversation, Dr. Stewart agreed to the omission of the word "only," and the substitution of the words "in great measure," in his amendment. The amendment thus modified was then put to the meeting, and carried by a large majority. On being put as a substantive motion, however, it was agreed to refer the subject to the committee.

Some discussion here ensued as to the formation of the committee, in the course of which MR. BIRKETT observed that during a long experience of the out-patient department of Guy's Hospital, situated in the midst of an excessively poor district, no case of abuse of the charity had ever come to his own personal knowledge. It was ultimately agreed that the committee should consist of the following gentlemen:—Dr. Burrows, Dr. Protheroe Smith, Mr. Bowman, Mr. Spencer Wells, Mr. Critchett, Mr. Adams, Mr. Holmes Coote, Mr. Holmes, Dr. Burdon Sanderson, Mr. Brudenell Carter, Mr. Power, Dr. A. Meadows, Dr. G. P. Murray, Dr. Anstie, Dr. Dickinson, Dr. Buzzard, Mr. Lawson, Mr. Christopher Heath, Dr. Morell Mackenzie, Mr. Coulson, Dr. Dudfield, Mr. Callender, Mr. Teevan, Dr. Silver, Dr. J. Murray, Mr. Curgenven, Mr. Gant, Dr. Stewart, Dr. E. J. Pollock, Mr. Hutchinson, Dr. Glover, Mr. Whitfield, Dr. Clapton, Mr. Cooper Forster, Mr. Durham, Mr. Ebsworth; Dr. Stallard and Dr. Heywood Smith acting as secretaries.

A vote of thanks to Sir William Fergusson, for presiding, concluded the proceedings.

THE ROYAL ORTHOPÆDIC HOSPITAL.

A CROWDED meeting of the Governors of the Royal Orthopædic Hospital, Oxford-street, was held on Thursday afternoon, Lord Abinger in the chair, at which several important alterations in the laws were proposed. One of these provided for the retirement of the medical officers on their attainment of the age of sixty-five, an arrangement which excited considerable discussion, but was carried with a proviso excepting from its action the present medical officers. Another resolution proposed the increase of the number of surgeons and assistant-surgeons from two to three. Lord Abinger brought forward the question by a speech strongly opposed to its adoption, basing his opposition to it on the ground that it was not absolutely necessary, that the additional surgeoncy would fall naturally to Mr. Brodhurst, the senior assistant-surgeon — an appointment which he could not recommend. He based his opposition to Mr. Brodhurst upon the result of an investigation which he and two other members of the Committee had undertaken last year, but he gave no particulars. He concluded by stating that if the proposition were carried he should feel bound to resign his post at the hospital. The allusions to Mr. Brodhurst were met by very strong expressions of dissent on the part of many present. A stormy discussion followed, in the course of which many gentlemen denounced the personal tone of Lord Abinger's speech, and expressed their belief that the charges against Mr. Brodhurst were unfounded. The opinion of the medical officers was stated to be against any increase of the staff, as unnecessary; and ultimately the motion was rejected by a majority of 2—25 voting for, and 27 against it.

Correspondence.

"Audi alteram partem."

DR. C. J. B. WILLIAMS AND THE LATE EARL ST. MAUR.

To the Editor of THE LANCET.

SIR,—I shall be greatly obliged if you will permit me, through your columns, to offer my sincere thanks to the very many members of the profession, in town and country, who have favoured me with letters on the subject of the late action for libel, which I deemed it my duty to bring against the Duke and Duchess of Somerset.

My kind correspondents, who are too numerous to be answered individually, have much gratified me by their unanimous expression of approbation of my conduct, and by their general agreement with my views in relation to the case of the late Earl St. Maur. A very large proportion also give me the credit, not only of having vindicated my own character from the groundless and unjustifiable charges brought against me in the libel, but also of having upheld the character of our profession, by bringing before a legal tribunal this grave outrage on its sacredness and honour.

And assuredly, although in the patient exercise of our humane calling we may be required to make due allowance for ignorance and for infirmities of temper during hours of grief and bewildering affliction; yet for a practitioner who has conscientiously done his duty in very difficult and critical cases, and has acted to the best of his abilities and judgment, to be made an object of ungrounded reproach and atrocious calumny, is a gross breach of justice and of good feeling, which, if allowed to pass unrebuked, would tend to sap all that confidence and those kindly relations which ought to subsist between the medical man and his patients and their friends.

Happily, such cases are very rare. None such has ever occurred to me before, in the forty years of my active practice. And they will ever be rare if our profession remains true to itself: and if, rising far above that despicable servility that cringes and bows down before rank and riches, and submits to be insulted and trampled on by arrogance and caprice—rising, I say, far above such derogatory subserviency,—it will take its proper stand on its own aristocracy of science and of Christian beneficence; true to the nobility of its nature and of its aims; true to the interests of its own fraternity; all its members supporting each other, and uniting for their common good; so standing and self-supporting,—our noble profession may well bid defiance to all unjust and unbecoming attacks, which will only recoil on their originators with the disgrace they deserve.

Not a few of my correspondents express regret that the trial did not go through its whole course, even to the award of fitting damages by the verdict of the jury. The possibility of claiming damages was set aside by the acceptance of the full retractation and apology made in court; but I feel, in common with all my correspondents and other friends, that it would have been much better if the trial had not been stopped until the evidence of myself and witnesses had been heard, so as to confute fully the charges in the libel, which was very insufficiently done by the opening speech of my leading counsel.

I have consequently been obliged to publish my narrative, as a full contradiction to the now widely disseminated libel; and I have further to express my hope that the

sincerity of the retractation will not be vitiated by any renewal of false charges,* which would compel me, however unwilling, to again seek protection from the law.

With heartfelt thanks to all my friends, and to you, Sir, for your able support,—I remain, yours faithfully,

Upper Brook-street, March 28th, 1870. C. J. B. WILLIAMS.

OUT-PATIENT DEPARTMENT AT BROMPTON HOSPITAL.

To the Editor of THE LANCET.

SIR,—My attention has been just now called to a statement in your leader of March 19, in which the following passage occurs: "We should have desired to pay a special visit to the Hospital for Consumption at Brompton, where, it will be remembered, one of the assistant-physicians refused promotion, it is said, because the in-patient department was less profitable than that of the out-patients, many of these being sufficiently well-off to command the attention of the physicians when too ill to come to the hospital." As I am the only one of the staff who ever declined promotion, the paragraph evidently refers to me.

It is well known to my colleagues, and others, that at the time this promotion became possible for me, by the resignation of one of the physicians, I was engaged in the preparation of a work, "Elements of Prognosis in Consumption," which embodied the labour of many years in the out-patient department, and that, till it was completed, I desired to remain where I was. As soon as my work was done I accepted the next vacancy on the senior staff.

But it is further due to myself, and to the present assistant-physicians, to state that it was not true in my time, nor, I believe, is it true now, that the out-patients become a source of profit by "many of them being sufficiently well-off to command the attention of the physicians when too ill to come to the hospital." This may sometimes have occurred, but was a very rare event.

The real secret of making the hard work of the out-patient room assist in professional advancement is through the friends of the patients, and through their ordinary medical attendants, when they have any. Let a young assistant-physician do his work earnestly and faithfully, and he will gradually, but insensibly to himself as regards the direct means, find his name known, and, some day or other, his services required in a far higher circle than that of the poor servants, clerks, and governesses whom he has helped at the hospital. An able opinion on a difficult case will also often lead to consultation with the medical man who has seen it elsewhere.

But while this is true, I am far from advocating the present system of out-patient relief, and have repeatedly joined my colleagues in representing to our managing committee the abuses to which it is liable.

Let me add, that it is not the well-dressed trespasser on the rights of the poor, and shabby enough to take a physician's advice for nothing, who names his doctor to a friend, but rather the really reduced and wretched, to whom poverty and sickness have come hand in hand.

I am, Sir, your obedient servant,

JAMES E. POLLOCK, M.D., F.R.C.P.,
Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

Upper Brook-street, March 24th, 1870.

*** We accept Dr. Pollock's explanation in all candour. But we believe at no hospital are the abuses so great as at that for Consumption, at Brompton. Patients come by cab, rail, and omnibus from great distances, and if the patients are not able, in all cases, to pay a fee, Dr. Pollock admits that their friends are.—ED. L.

* An attempt of this kind appeared in *The Times*, of Wednesday last, in the form of a letter, apparently from Messrs. Beachcroft and Thompson, solicitors to the Duke of Somerset, impugning, on the authority of the Duchess, the accuracy of some of my statements, and denying the authenticity of one of the letters of her Grace inserted in my narrative. This was readily confuted by a letter on the following day from myself, quoting the formal admission, by these same solicitors, that this letter was in the handwriting of the Duchess. On Friday appears a statement from Messrs. Beachcroft and Thompson, altogether disowning the letter of Wednesday, which, although purporting to bear their signature, had not been either seen or approved by them. It is to be hoped that this exposure may serve as a warning against any such attempts in future.

CASE OF INVETERATE CHOREA CURED BY CHLORAL HYDRATE.

To the Editor of THE LANCET.

SIR,—The number of medical men who can advance new theories, and support them by plausible reasoning, is very small indeed compared with those who are perfectly competent to stumble upon some remedy for a disease and support their views by adducing cases. Accordingly, I have little doubt that anyone who will take the trouble to look into the records of the hospitals and the medical periodicals, and compile a list of all the new remedies for this or that disease, will find their number very considerable; while the list of those admitted into actual practice are very few indeed. Yet all were lauded by their discoverers; all were stated to have some important therapeutic properties, and to be likely to supersede some drug of long-established use. This would prove, if indeed it required a proof, the danger of trusting to the opinion advanced by the proposer, whose *amour propre* is extremely likely to lead him astray. To rush into the opposite extreme, and to pass unnoticed all remedies newly proposed or discovered, would be equally unwarrantable. No *a priori* reasoning from microscopic or chemical theories can ever establish anything as a remedy. Experiments, many and varied, and observations carefully made over a wide field, can alone fully establish anything as a true remedial agent. Among the acknowledged remedies lately discovered stands chloral, the importance of which is not yet fully established, and we could not have been sure, on hearing its announcement, that it, more than some of its fellow-candidates, was worthy of our consideration. As investigations must and ought to be made by a multitude of independent observers, it is necessary that the scattered results of inquiries should be recorded. That is my excuse for sending you the following case of chorea treated successfully by chloral.

The patient was a young girl, aged fourteen years, who has had chorea for fully two years, characterised in her case by the irregular motions of the disease, going on during sleep. She was under my care at the first accession of the disease, and was treated by regulation of bowels, cold douche, iron and arsenic, &c. The symptoms were alleviated, but she was far from well. During the last two years she has consulted many eminent medical men, with only partial success. Early in January, I was summoned to see her during the night, and found all the irregular and tremulous motions so characteristic of the disease going on; and her parents told me she had fainted, when they sent for me. I ordered her half a drachm of chloral, and in ten minutes after taking the medicine all the motions ceased; she slept twelve hours very quietly, and, on awaking, spoke more distinctly than she had done for some time. By taking a similar dose for a fortnight all irregular motions ceased, and she now sleeps quietly, walks steadily, speaks distinctly, and is only slightly unsteady when writing. I may mention that the catamenia have never appeared in this case; but she is continuing the chloral in eight-grain doses every night, and, in addition, three grains of valerianate of iron twice a day, cold douche, and exercise in the open air. This is the only case in which I have tried chloral, and it certainly appeared to have great power over the disease.

I am, Sir, your obedient servant,

J. R. CARRUTHERS, M.D. Edin.

Marchfield, Edin., March 24th, 1870.

A COMPLIMENTARY dinner and presentation to Dr. Alexander D. MacDonald, on his leaving Carlaverock for Barking, in Essex, took place on Tuesday evening, the 22nd ult., at Millar's Hotel, Glencaple. Upwards of thirty gentlemen sat down to a substantial dinner, after which the chairman proposed the usual loyal and patriotic toasts, and then presented to Dr. MacDonald the testimonial, consisting of a very handsome tea service in silver, from the design of Messrs. Mackay, Cunningham, & Co., Edinburgh, bearing the following inscription: "Presented to Dr. A. D. MacDonald, as a token of respect and esteem, by his numerous friends in Carlaverock and neighbourhood, for his unwearied kindness and attention to the poor in the district."

Foreign Medical Intelligence.

(FROM OUR SPECIAL CORRESPONDENT.)

THE professors of the University of Vienna have lately met for the purpose of deciding whether the degree of Doctor of Medicine may be conferred upon women. As yet no lady has presented herself as a candidate in Vienna, but, as the case may occur, it was considered necessary to make some provision beforehand. The professors resolved, meanwhile, that all ladies holding foreign diplomas would be admitted to attend lectures and visit the hospitals. Two ladies, one a Swiss and the other English, have already availed themselves of the opportunity.

At the last meeting of the Paris Academy of Sciences an interesting paper was communicated by M. Dumas, in the name of M. Wiestyn, concerning the influence of atmospheric dust on the production of disease. M. Wiestyn observes that the ventilating machines of the various hospitals and places of public resort pump up with the air of the wards and theatres the germs which escape from the bodies of the patients, &c., and then let them fall over inhabited localities, where they produce mischief. The author therefore suggests that, before escaping from the ventilators, the air should be subjected to a very high temperature, so that all the germs which it contains may be completely destroyed.

In connexion with this communication, M. Sainte-Claire Deville made some noteworthy remarks concerning various experiments which he had instituted during the choleraic visitation four years ago. He then recognised that the odour emitted by the patients was sometimes acid and at other times alkaline. It was acid in the wards inhabited by children or females. The alkaline odour, he said, was produced by ordinary ammonia or triethyl ammonia. Besides this, the presence of numerous organic germs was traced in the air of the wards, and it even happened that some of the experimenters suffered from their contact. M. Sainte-Claire Deville warmly advocated the employment of calcination of air as a means of destroying these germs, and preventing the extension of the epidemic.

HEALTH-CONDITION OF THE CONTINENT.

The health-condition of the Continent continues to be very unfavourable. At Bordeaux cases of variola have been extremely numerous and severe, the hæmorrhagic form prevailing; and in the hospitals the proportion of deaths is said to be 35 per cent. Several cases have also been observed at Lyons, Dijon, Marseilles, &c. Besides this important feature in the "medical constitution" of the Continent, may be noticed the results of the cold, windy, and variable weather which is still prevailing. Out of the 1263 deaths registered in Paris, there have been as many as 131 due to pneumonia, and 100 to bronchitis, without mentioning other complaints of the respiratory organs. The same proportion is to be observed in the last health bills of Berlin, Madrid, Vienna, Florence, &c. Out of a total number of 141 deaths recorded in Florence for the week commencing February 27th, there have been 19 cases of bronchitis and pneumonia. During the same week the thermometer descended as low as five or six degrees above zero.

CONTINENTAL APPOINTMENTS.

France.

Professor Chatin, of the Paris School of Pharmacy, has been appointed a member of the Imperial Council of Public Hygiene and Salubrity.—Dr. Jules Delbet, on his return from an official scientific mission to the East, has been named a Knight of the Legion of Honour.—Dr. Leroy de Méricourt, the able editor of the *Archives de Médecine Navale*, has been promoted to the rank of Chief Physician in the Health Department of the Navy.—At the last meeting of the Paris Academy of Medicine, M. Amédée Latour, who has rendered such distinguished services to French medicine as the editor of the *Union Médicale*, was elected a member of that learned body.

Spain.

Dr. D. Antonio Machado, Rector of the University of Seville, has just been elected Civil Governor of the province of Seville.

Italy.

Professor Guiseppe Giannuzzi, of the University of Sienna, Dr. Giovanni Demarchi, formerly at the head of the Section of Public Health at the Home Office of Italy, and Dr. Villavecchia, of Solero, a veteran practitioner, have been nominated Knights or Officers of the Crown of Italy.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

THE EPIDEMIC OF SMALL-POX.

SMALL-POX is still extremely prevalent in Paris. The epidemic, far from diminishing, has increased, the last weekly health bill recording 112 deaths; and the question has been put whether the immense number of vaccinations and revaccinations performed at the same time has not contributed to the extension of the disease. Meanwhile the panic still continues among the Parisian population, who daily besiege the various *mairies*, the hospitals, the residence of M. Lanoix, and every other locality where vaccine may be obtained. It has been observed that if the disease has really increased in frequency, on the other hand it has lost much of its intensity; for whereas the mortality was as high as one in every ten patients a few weeks ago, it has now fallen to one in thirty. Cases of hæmorrhagic or confluent variola, &c., are becoming rare, whilst cases of modified and benign small-pox are daily on the increase.

The prevalence of the epidemic has opened the eyes of the Parisian authorities to the necessity of having constantly on hand an abundant supply of vaccine, whether animal or human. The medical and administrative authorities of Paris have been taken by surprise, and have had to undergo the severe censure of the press and of the public for the want of those preventive and precautionary measures which the epidemic has brought to light, and which necessarily lies at their doors. Not only has the public been considerably disappointed at the difficulty, and I may say the impossibility, of obtaining vaccine at the hands of the authorities, but all the private medical men of Paris have had the greatest difficulty in providing themselves with the much desired virus.

There has been quite an outcry from the medical portion of the public against M. Lanoix, who until now has had the monopoly of animal vaccine; and this shows the culpable neglect of the Parisian authorities and the Assistance Publique, who, before the present epidemic, had not taken any measures to secure a stock of the virus in case of need. M. Lanoix was the only one in Paris who had heifers affected with cow-pox, and when the demand arose for animal vaccine, M. Husson, the Director-General of the Assistance Publique, and the Town Council, were compelled to enter into an agreement with him in order to be able to distribute the lymph on appointed days, at the hospitals and *mairies*. The result was that M. Lanoix, unable to meet the demand, eventually furnished matter of a very doubtful quality. Consequently, almost all the vaccinations turned out unsuccessful.

The reputation of animal vaccine will be considerably injured by the unfavourable results which it has afforded during the present epidemic. Even when the vaccinations were performed under the very best conditions—as in those of Dr. Constantin Paul, performed with the purest lymph, coming from one of the heifers which the Assistance Publique had just secured—the results have been disastrous. Out of thirteen children whom he inoculated at the Hôpital Beaujon, there were twelve unsuccessful cases. About the same proportion of unfavourable results have been observed in all the other trials; so that, at least from the point of view of actual and practical results, the fame of animal vaccination, which had been so trumpeted of late, will be much lowered after this test.

M. TARDIEU.

The students of the School of Medicine, who have been considerably irritated by what they style the meek and complacent attitude of Professor Tardieu in the recent trial of Pierre Bonaparte, gave the professor a very rude reception on Monday last, when he resumed his course of

Forensic Medicine, on his return from Tours. M. Tardieu, in his defence, attempted to explain the medico-legal points of the case, and to show that he had taken a scientific and fair position at the trial, but the students drowned his voice with loud cries of blame and condemnation, and M. Tardieu was finally obliged to retire. He even proposed to send in his resignation, a proposal which the alumni received with exclamations of satisfaction.

Paris, March 29th, 1870.

Parliamentary Intelligence.

HOUSE OF COMMONS.

MARCH 30TH, 1870.

MEDICAL ACTS AMENDMENT BILL.

SIR JOHN GRAY, in moving the second reading of this Bill, said its object was to amend the Medical Act of 1858 and subsequent Medical Acts. The object of the Act of 1858 was to enable persons to distinguish between a qualified and unqualified medical practitioner, but that Act egregiously failed to do so. This Bill, which would give to the members of the medical profession a representation in the Medical Council, enacted that a qualification for practising medicine should be, not a piece of parchment, but a certificate to be granted by the Medical Council to a man after he had been examined, and proved to possess the requisite amount of skill and knowledge to justify his presenting himself to the public as a medical practitioner. This Bill would do away with the farce of getting permission to practise as a medical practitioner on paying £5 for a medical licence. It would require a man to show the Medical Council that he knew one disease from another; that he could skilfully perform a surgical operation; that he knew one class of drugs from another class, and knew what sort of medicines to prescribe before he obtained permission to practise. About ten thousand of the most eminent medical practitioners in this country had memorialised the Home Secretary in favour of the object of this Bill. Not one of the existing nineteen licensing bodies required the same course of study on the part of applicants for a licence; not two of them pursued the same system of examination. None of them required any attendance at hospitals on the part of the applicant, who, without ever having seen a patient attended by a duly qualified medical practitioner, might obtain a licence from one of the licensing bodies. No man was allowed to practise as a medical practitioner in the army unless he had received certificates from some College of Surgeons, and from some College of Physicians, showing that he had been proved by examination to be properly qualified to practise surgery and medicine. And why should unqualified men be allowed to practise among her Majesty's subjects at large? One of the Colleges of Surgeons—the Edinburgh College—admitted that an applicant for a medical licence should be required to attend three months as a dresser of wounds in an hospital; but what should we think of a mason, or of a shoemaker, who had spent only three months in learning his trade? It was high time for the Government to insist that before a man was allowed to go forth as a medical practitioner he should be tested as to his skill and knowledge by examinations in an hospital and a dispensary. The Government should regard the interests, not of the nineteen licensing bodies, but of the public at large.

MR. GRAVES seconded the motion. It was important that the duly qualified medical practitioners in large towns should have a direct representation in the Medical Council of the country. He thought this Bill was a fair basis for a settlement of this subject. He highly approved of that part of the Bill which would throw open to public competition the whole of the civil medical appointments of this country. He hoped that by legislation the standard of the profession would be raised, and that there would be only one portal through which the profession could be reached. In that way the interests of the public would be promoted, and a great boon would be conferred upon the profession.

MR. BRADY, who had on the paper a motion that the Bill be read a second time that day six months, rose to address the House, when

MR. W. FORSTER interposed with the suggestion that, considering the lateness of the hour (5 o'clock), it was advisable to adjourn the debate on this very important question. He thought hon. members would agree to this proposal when he stated that he was authorised to announce that Lord de Grey and Ripon intended, on behalf of the Government, to take an early opportunity of bringing forward a Bill in the other House having for its object the amendment of the several Medical Acts. He thought the House would feel that, under such circumstances, it would be unfair to expect him to reply to the able speeches which had been made; and he had no doubt that hon. members would prefer to postpone further discussion until they knew more of the Government measure. (Hear, hear.)

SIR J. GRAY assented to an adjournment, and said that if the Government brought in a Bill at all in the spirit of the communication of the Lord President of the Council, he would support the measure, and withdraw his own. (Hear.)

The debate was then adjourned until that day month.

Obituary.

EDWIN THOMPSON, Esq.

MENANDER'S saying, "Whom the gods love die young" must have occurred to many of the colleagues, teachers, and friends of this promising physician, who died at Edinburgh towards the close of last month. He was born at Rock-ferry, Liverpool, and devoted himself at an unusually early age to the study of medicine, which he prosecuted with indefatigable zeal, energy, and success. He graduated at Edinburgh in the August of last year. At the opening of the winter session, he obtained the post of resident physician in the fever wards of the Royal Infirmary; but had scarcely settled down to work when typhus and relapsing fever broke out in the city, and the wards were rapidly filled with patients to overflowing. The demand made upon Mr. Thompson's energies was severe and incessant. He died of sheer exhaustion from an excess of work which found him wanting neither in the skill nor in the courage, but only in the bodily strength, to encounter it. He was buried in the Dean Cemetery; while his memory has found a resting-place in that best of all mausoleums—the hearts of the many friends and fellow-students who saw him laid in his too early grave.

H. C. HARRIS, Esq.

ON the 26th ult., at Lingfield-villa, Surbiton, died Hetman Charles Harris, some time medical officer of St. Luke's Infirmary and Workhouse; surgeon-accoucheur to the Lying-in Hospital, City-road; and medical officer to the Orphan Working School at Haverstock-hill. His studies were pursued at St. George's Hospital, and he became a Licentiate of the Apothecaries' Company in 1837; a Member of the Royal College of Surgeons in the same year; and a Fellow of the latter in 1852. For a considerable time before his lamented decease, he was incapacitated for duty by severe illness, which he bore with true professional courage and cheerfulness.

SAMUEL THOMAS PARTRIDGE, M.D.

THIS veteran practitioner, whose professional career was mainly spent in Barbadoes, died at York-place, Portman-square, on the 14th ult., in his seventy-fourth year. He took the diploma of the Royal College of Surgeons of England in 1818, and graduated as Doctor in Medicine at Marischal College, Aberdeen, in 1820.

W. W. COLE-BURTON, M.R.C.S.

WE record, with much regret, the decease, on the 26th of February, of Mr. William Willoughby Cole-Burton, at the early age of thirty-seven. He was the son of the late Rev. W. G. P. Burton, rector of St. Thomas-in-the-Vale, Jamaica, and took the diploma of the Royal College of Surgeons of England in 1855. He was in practice at Lochcarron, Ross-shire, the scene of his premature demise.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on March 24th :—

Allnutt, William, Portsea.
Bayliffe, Alworth Merewether, Chippenham.
Collins, Henry William, Wrington, Bristol.
Mayo, Alfred Charles, Coleford, Gloucestershire.
Newstead, James, Bubwith Howden, Yorkshire.
Robinson, Tom, Saxby, Lincolnshire.
Russell, William, Wincanton.

As Assistant in Compounding and Dispensing Medicines :—

Lloyd, Edward, Abergele, North Wales.

The following gentlemen also on the same day passed their first professional examination :—

Archer, G. Ernest, St. Bartholomew's Hospital.
Ingham, Thomas, King's College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The President reported, at the meeting of the Council on the 22nd ult., that the period of five years for which Mr. Skey, Mr. Tomes, and Mr. Cartwright were elected members of the Board of Examiners in Dental Surgery, had expired, and thereupon declared these vacancies in the board, and stated that three Examiners in Dental Surgery would be elected at the next meeting of the Council. The President further reported that he had received letters from Mr. Skey and Mr. Tomes stating that it is not their desire to be again put in nomination for the office of Examiner in Dental Surgery.

THE MIDDLESEX HOSPITAL CLUB.—The annual dinner of this Club was held on Wednesday evening, at Willis's Rooms. Oscar Clayton, Esq., occupied the chair. A large number of the old pupils and members of the hospital staff attended. The resignation of the secretaryship by Mr. De Morgan was intimated, and received with many expressions of regret. The Club was stated to have a considerable surplus in hand, and to be in a thriving condition. Mr. De Morgan, Dr. Murchison, Dr. Greenhow, and Mr. Taylor, were appointed the Committee for the year, and Mr. Nunn, Secretary.

RATE OF MORTALITY AMONG ASSURED LIVES.—In a paper read before the Royal Society at Edinburgh, Mr. Meikle proves that up to the age of thirty-five the mortality is greater in Scotland than in England, which is explained by the severe climate north of the Tweed. The causes of death among assured lives are mainly zymotic disease, and affections of the heart, liver, and brain, the low rate of lung diseases being accounted for by their easy diagnosis and the consequent rejection of applicants suffering from them. Mr. Meikle further affirms the curious phenomenon that the rate of mortality on policies effected with participation in profits is very much higher (!) than on policies effected without participation.

THE case of Dr. Roberts and his assistant, who were charged with having caused the death of a woman in childbirth, was disposed of at Carnarvon Assizes on Tuesday. The charge against Dr. Roberts was abandoned, and the assistant, John Griffith, was acquitted, the jury being of opinion that his negligence was not culpable.

THE GERMAN HOSPITAL.—On Wednesday evening the twenty-fifth anniversary festival of the German Hospital was held at the Cannon-street Hotel. The Duke of Cambridge occupied the chair. The secretary announced the donations and subscriptions as amounting to £5600—a sum of which £3600 were collected by J. C. Rohweyer, Esq., one of the stewards.

WE are requested to announce that Mr. Charles Dickens will be supported by the Sheriffs of London and Middlesex and an influential body of stewards at the festival of the Newsvendors' Benevolent and Provident Institution, on the 5th April, at Freemasons' Tavern.

THE SPURIOUS TEA TRADE.—At a meeting of the City Commissioners of Sewers this week, a motion was carried, referring the above subject to the Sanitary Committee, with a view to their bringing it before the Government.

THE Poor-law Board has appointed John Henry Bridges, M.B. Oxon., who has been acting as a temporary inspector in the metropolis during the absence, from ill-health, of Dr. Markham, to be a Poor-law Inspector, in the room of Mr. John Thomas Graves, F.R.S.

Medical Appointments.

ATTHILL, Mr. R. C., has been appointed Resident Medical Officer at the Charing-cross Hospital.

BECK, J. T., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for District No. 6 of the Chesterton Union, Cambridgeshire.

CAMPBELL, D., M.D., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for District No. 4 of the Chesterton Union, Cambridgeshire, and to the Horningsea, Integrity, Old Temperance, and Ancient Shepherds Benefit Clubs, vice R. O. Arnold, L.F.P. & S. Glas., L.S.A., resigned.

CLEMENTS, G., M.R.C.S.E., has been appointed Consulting Medical Officer to the Chorlton Union Workhouse, vice George Greaves, M.R.C.S.E., deceased.

CREMEN, Dr. P., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Cork Dispensary District No. 5 of the Cork Union, vice Dr. D. Cremen, resigned.

DAVENPORT, C., L.R.C.P.Ed., has been appointed a Public Vaccinator for the Parish of Wolstanton, in the Wolstanton and Burslem Union, Staffordshire.

FAWCUS, H. R., M.D., has been appointed Medical Officer and Public Vaccinator for the Lowick District of the Glendale Union, Northumberland, vice W. A. Paxton, M.B., L.R.C.S.Ed., resigned.

GOODALL, R., M.R.C.S.E., has been reappointed a Public Vaccinator for the Parish of Wolstanton, in the Wolstanton and Burslem Union, Staffordshire.

HARLEY, J., M.D., has been appointed Physician to the London Fever Hospital, vice Charles Murchison, M.D., resigned, and appointed Consulting Physician.

HILLMAN, J., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Wolverley District of the Kidderminster Union, vice T. Bradley, M.R.C.S.E., resigned.

KERANS, T. G., L.K.Q.C.P.I., has been appointed Medical Officer and Public Vaccinator for the Ahascragh Dispensary District of the Ballinasloe Union, Co. Galway, vice L. C. Kerans, M.R.C.S.E., resigned.

KNOWLES, E., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for District No. 5 of the Chesterton Union.

LOMAS, W. B., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the No. 4 District of the Poutefract Union.

M'LAURIN, W., M.B., C.M., has been appointed, temporarily, Assistant to the Resident Medical Officer of the London Fever Hospital.

RILEY, H., L.R.C.P.Ed., has been reappointed Medical Officer and Public Vaccinator for District No. 3 of the Chesterton Union.

SIMON, M. F., M.R.C.S.E., has been appointed Resident Accoucheur at St. Thomas's Hospital.

STAMFORD, W. A., M.R.C.S.E., has been appointed Medical Officer for the 6th (a new) District of the Mansfield Union, Nottinghamshire.

STEPHENS, E., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the No. 1 Ilminster District of the Chard Union, Somerset, vice F. H. Brown, M.R.C.S., deceased.

TICEHURST, A. E., M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Hastings Union, vice John C. Savery, M.R.C.S.E., resigned.

TURNER, J. S., M.R.C.S., has been reappointed Medical Officer for the 5th District of the Mansfield Union, Nottinghamshire.

WELD, W. W., M.R.C.S.E., has been appointed Assistant Visiting Surgeon for Chatham, Maidstone, and Gravesend, under the provisions of the "Contagious Diseases Acts" (Women).

WHIDBORNE, G. H., M.R.C.S.E., has been appointed Medical Officer for the Tedburn St. Mary District of the St. Thomas Union, vice G. B. Stephens, L.F.P. & S. Glas., resigned.

WINKFIELD, A., F.R.C.S.E., has been appointed Medical Officer to the Oxford District of the Great Western, Bristol, and Exeter Railway Provident Society, vice E. R. Owen, F.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

BRITTON.—On the 27th ult., at Acacia-road, St. John's-wood, the wife of W. S. Britton, M.R.C.S.E., of a son.

BUTLER.—On the 21st ult., at Guildford, the wife of T. M. Butler, Surgeon, of a daughter.

FARRER.—On the 28th ult., at Spring Villa, Brighouse, the wife of Robert Farrer, M.R.C.S.E., of a daughter.

MACLAGAN.—On the 24th ult., at Dundee, the wife of T. J. Maclagan, M.D., of a son.

SMITH.—On the 20th ult., at Cheshunt, the wife of Abbotts Smith, M.D., of Prince's-street, Hanover-square, of a son.

STOCKWELL.—On the 22nd ult., at Bruton House, Alexandra-road, the wife of F. Stockwell, M.D., of a son.

THURSTON.—On the 25th ult., at Ashford, Kent, the wife of Edward Whitfeld Thurston, Surgeon, of a son.

MARRIAGES.

BODLE—DARROCH.—On the 22nd ult., at St. Luke's, Westbourne-park, Geo. Edward Bodle, L.R.C.P.Ed., to Eliza Jeannetta, daughter of Major D. G. A. Darroch.

KESTEVEN—BIRRELL.—On the 22nd ult., at S. John's, Upper Holloway, W. H. Kesteven, M.R.C.S.E., to Louisa Murray, daughter of G. Birrell Esq.

DEATHS.

HAMILTON.—On the 15th ult., at St. Mary's-gate, Derby, Robert Hamilton, Surgeon, in his 50th year.

HUGHES.—On the 14th ult., A. Hughes, M.R.C.S.E., of Bodedern, Anglesey, aged 40.

NORRIS.—On the 20th ult., at Charmouth, Henry Norris, F.R.C.S., late of South Petherton, aged 80.

SLATER.—On the 10th of Jan., at The Orana District Hospital, Beechworth, Victoria, Dr. Alvara Lofthouse Slater, formerly of the County Lunatic Asylum, Chester, aged 48.

TODHUNTER.—On the 21st ult., Thos. Todhunter, L.R.C.P.Ed., of Arkendon, Whitehaven, aged 25.

WILLIAMS.—On the 23rd of Feb., at Rio Janeiro, J. Williams, L.R.C.P.I., aged 27.

Medical Diary of the Week.

Monday, April 4.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. Lichtenberg and Mr. de Méric will bring two Patients upon whom Pirogoff's Amputation has been performed. — Mr. J. W. Barnes, "On a Case of Extensive Disease of Kidney, and Impaction of Ureter by Calculi."—Mr. Weeden Cooke, "On Hydrate of Chloral in Cancer."
ODONTOLOGICAL SOCIETY.—8 P.M. Adjourned Discussion on Mr. Coleman's paper, "The Treatment of Chronic Periodontitis by Replantation."

Tuesday, April 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Rolleston, "On the Nervous System."
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. H. M. Westrupp, "On Phallic Worship." — Mr. C. S. Wake, "On the Influence of the Phallic Idea in the Religions of Antiquity."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Mr. Holmes: Tumour of Jaw; Diffuse Periostitis of Tibia. Mr. Wilberforce Smith: Cancer of Rib, of Bones at Hip-joint, and of Crus Cerebri. Mr. Wagstaffe: Horn growing from the Leg; Dislocations of Spine. Dr. Cayley: Scarlatinal Dropsy without Albuminuria. Mr. Balmanno Squire: Ichthyosis; Prurigo. Dr. Fagge: Abscess of Liver; Cancer of Kidney; Varix of Pulmonary Vein;—&c. &c.

Wednesday, April 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 1 0½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Lumleian Lectures: Dr. J. R. Bennett: "The Natural History and Diagnosis of Intra-Thoracic Cancer."
OBSTETRICAL SOCIETY OF LONDON.—7½ P.M. Council Meeting.—8 P.M. Dr. Routh, "On Fundal Endo-Metritis."—And other papers by Dr. Brunton, Dr. Wynn Williams, and Dr. Mundenhall.

Thursday, April 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On the Chemistry of Vegetable Products."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Mr. T. Carr Jackson, "On Lithotomy."

Friday, April 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Lumleian Lectures: Dr. J. R. Bennett: "The Natural History and Diagnosis of Intra-Thoracic Cancer."
ROYAL INSTITUTION.—3 P.M. Prof. Huxley, "On the Pedigree of the Horse."
CLINICAL SOCIETY OF LONDON.—8½ P.M. Mr. Barwell, "On a Case of Local Paralysis treated by Hypodermic Injection of Strychnia." — Mr. Holthouse, "On a Case of Inguino-Crural Hernia."—And other papers.

Saturday, April 9.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Lockyer, "On the Sun."

Notes, Short Comments, and Answers to Correspondents.

INJECTION OF AMMONIA INTO THE VEINS.

WE have received, through the kindness of a correspondent, an account of some experiments performed by Dr. Halford as to the effect of ammoniacal venous injection in the case of dogs under the influence of chloroform. According to the experimenter, ammonia may be injected not only into the veins, but into the heart itself of these animals without injurious effects; and further, he asserts that it counteracts in a powerful manner the lethal influence of chloroform. Our correspondent suggests, in connexion with the case of chloroform poisoning reported to have taken place lately, that the experiments may not be without interest, as they would seem to indicate that this practice might be adopted in conjunction with artificial respiration in the case of human beings suffering from an overdose of chloroform. It is said that 11 cases out of 12 recovered in which ammonia was injected as a stimulant into the veins of persons who had been bitten by snakes in Australia. Professor Fayrer, as our readers are aware, has been unable to corroborate Dr. Halford's statements, the results of his experiments in India proving that injection of ammonia did not avert the effects of snake-bites. While this practice cannot be proved to have succeeded in one *bonâ fide* case of blood-poisoning from a wound inflicted by a reptile of the truly venomous class, it appears to have led, in some instances, to very grave consequences. A Mrs. Wilson, living near Tarradale, Victoria, was lately bitten on the leg by a brown snake. She ran into the town, and consulted Dr. Armstrong, an experienced surgeon who had served in the Crimea. He declined to incur the responsibility of injecting ammonia into her veins; and accordingly she had recourse to another medical man, who made the required injection at the flexure of the elbow. A professional brother, who arrived shortly after, also injected ammonia into the opposite arm. The woman remarked at the time that she felt as if red-hot iron was passing up her veins. For four weeks she lay seemingly moribund, and, according to her subsequent statement, in great agony. At the end of a month there came away from each arm a slough as large as a turkey's egg, laying the bones bare to the extent of six inches. Five weeks after the operation (reports the *Melbourne Age*) she is just able to move about, both arms bent, immovable, and nearly paralysed; having lapsed from an energetic bread-winner for a large family into a cripple for life. We are aware that Dr. Halford, the "discoverer" of the reputed "antidote to snake-bite," might take exception to this case; but we submit that the very unfavourable sequelæ ought to make anyone hesitate before adopting his practice. Dr. Halford has by no means established a scientific induction from the cases that have come even under his own observation; he has failed to prove that the snakes whose bites he sought to counteract were really poisonous, or that (if they were) they had not parted with their poison in bites previous to that for which he operated. His "antidote" has, as we have said, proved utterly abortive in India, where snakes of the true venomous class abound; and even in Australia and at the Cape, physicians and surgeons shrink from resorting to a remedy which is followed by sensations very like those described by the *Ghost* in "Hamlet." Premature generalization is the besetting evil of our profession, and certainly there are few instances of it more grave in practical results than the nostrum by which Dr. Halford would abate the peripatetic caution of communities where

Latet anguis in herbâ.

Mr. R. P. King, (Chepstow.)—An official ought to feel that it is indecorous to listen to any charge against a medical officer without fixing the responsibility upon the person making it; and the proper course, it seems to us, is to require the individual himself to make his complaint to the Board.

H. T. K., (St. John-street, E.C.)—Consult a medical man. How often must we reiterate that we never prescribe?

A Graduate wishes to ascertain whether there is any opening for young medical men in the Canadian Colonial Service, and to whom he is to apply?

ON CRANIOTOMY AFTER CÆSAREAN SECTION.

To the Editor of THE LANCET.

SIR,—Will you kindly grant me space to say a word or two in reply to Dr. Radford, of Manchester, and "A Physician."

In answer to Dr. Radford, I have to state that it was Mrs. L——'s first labour; that she had not more than three or four hours' true labour pains; that the liquor amnii had escaped some hours before the operation; that the soah-looking substance was supposed to have come from the vagina, and the offensive discharge from the decomposing membrane; that the placental sound was very faint, and only with difficulty was its position made out; that there was no abnormal obliquity in the position of the uterus; that at the brim of the pelvis, the distance was one and a half inches; that the atonic state of the uterus was due to disease of its walls, which were of a bluish-green colour, and had a soft pulpy feel to the fingers; that, in my opinion, chloroform in no way diminished the contracting power of the womb—in my own experience it has had quite the contrary effect; that the incision did not extend quite half way towards the fundus.

In reply to "A Physician," I have to state that the apparent rotundity of the pelvic region was considerable, leading me to believe that if any difficulty did exist the forceps would sufficiently overcome it. From the state which the parts were ultimately found to be in, labour even at the seventh month would have been impossible. My opinion concerning the effect the chloroform had is stated above.

Your obedient servant,

Glasgow, March 28th, 1870. ARCHD. NEILSON.

"MAXIMA TAURUS VICTIMA!"

A NEW form of cattle-plague broke out lately at the Agricultural Hall. It was, we believe, imported from Spain, and the sufferings of the afflicted brutes were severe. A stop, however, was put to it on Monday evening last by the officers of the Society for the Prevention of Cruelty to Animals, who, when the fever was at its height, and the wretched beasts were beginning to plunge and writhe in agony, to the intense enjoyment, we regret to say, of the on-lookers, leaped over the barriers, and cut short the cruel spectacle at its source. We trust that their prompt and plucky action will be effective in stamping out this most barbarous and un-British of recent visitations; and that if the public do not co-operate with them, they will receive the support of the Legislature. Seriously, the growing brutality of the popular taste in the matter of amusements has reached the point when legislative apathy becomes discreditable; and having allowed men and women to risk life and limb on the high rope for the gratification of a gawky and gaping *bourgeoisie*, it is more than time that those in authority should lay their veto on the infliction of animal torture, and draw the line at bull-fights. The bull in pagan Rome led the imperial triumphs as the noblest sacrifice to the tutelary deities of the State; it is reserved for Christian London to see him ministering to the coarse and cruel rites of the "gods" of Islington. Of all the uses to which he has been applied, surely the most wanton and the worst is that which he has lately served in the place styling itself the "Agricultural Hall." Could not that institution adopt some form of entertainment more consistent with its name—more conducive to what Bacon has so felicitously called the "Georgics of the mind"? Or is it only to be instrumental in lowering the moral nature of its frequenters to that of its more legitimate inmates, the brutes that perish? That such will be the inevitable result of the degrading exhibitions so happily interrupted last Monday—exhibitions in which the more refined Portuguese refuses to follow the less civilised Spaniard—is only too clear; unless the Government interpose, and, seconding the initiative taken by the Society for the Prevention of Cruelty to Animals, institute a moral Customs House for the prohibition of all such importations from abroad as humanity pronounces contraband.

Mr. Walter Bishop (Hopefield-terrace, Battersea-rise) writes to say that Mr. Daniel Hooper, M.B., of Trinity-square, S.E., was wrong in connecting Mr. Bishop's name in our last impression with the Wandsworth District Dispensary. Mr. Bishop is the dispenser and secretary to the District Mutual Provident Dispensary.

THE letter of *A Graduate in Arts and Medicine* shall appear in an early number.

AN INTERESTING SURGICAL CASE.

To the Editor of THE LANCET.

SIR,—I send you the account of a somewhat remarkable accident, which may perhaps interest some of your readers.

On Jan. 20th, I was summoned two miles into the country to see a man, aged twenty-one, who had met with an accident. On my arrival, I learnt that, about two hours previously, he had jumped from a height of about five yards off a stack, and in his descent had fallen upon a pitchfork, which was stuck into the ground, the tail end of the fork entering his rectum, and, he said, passing up half a foot. The seat of his trowsers was much torn. Some men, who were at work in the vicinity, were attracted by his cries, pulled the fork out, and carried him home. I found the patient suffering intense pain in the rectum and deep in the perineum, with urgent desire to pass urine. He had had no occasion to pass any for six or seven hours previously; but since the accident had tried ineffectually every two or three minutes. I had no catheter with me, so I merely passed my finger up the rectum to ascertain, if possible, the nature of the injury. I found considerable laceration of the anterior wall of the rectum, and just behind the prostate I could feel with the tip of my finger a transverse slit, about a quarter of an inch in length, with irregular edges. Finding, on inquiry, that since the accident there had been a constant oozing of bloody-looking fluid from the rectum, I concluded that his bladder was ruptured, and advised his immediate removal to the Hitchin Infirmary. On his arrival there, I ordered him a warm bath and five grains of soap-and-opium pill. An hour afterwards, finding that urgent desire to pass urine had not at all abated, I passed with some little difficulty, owing to the swollen condition of the parts, a No. 8 silver catheter. About two ounces of bloody urine were drawn off. I tied the catheter in, and ordered him a suppository of four grains of soap-and-opium pill, half a grain of extract of belladonna, and milk and beef-tea diet. He passed a restless night, with wandering, abdominal pains, but, on the whole, was more comfortable than I expected to find him. A copious discharge of urine had taken place from the rectum, so I withdrew the catheter. The desire to pass urine was much abated; his pulse was rather quick and wiry. Another suppository, containing six grains of soap-and-opium pill, instead of four, was ordered; turpentine stupes to be applied to his abdomen, and three ounces of brandy during the day. At night I ordered him another suppository. For the next two days his condition was much about the same, and the treatment similar in every respect. On the 24th, his bowels not having acted since the accident, and the amount of peritonitis being very slight, two drachms of castor oil were given him, which relieved him very much, operating two or three times; the suppository to be used only at night, and his brandy increased from three to four ounces. On the 25th, finding the discharge from his rectum offensive, I ordered an injection of a solution of carbolic acid (one part to a hundred of tepid water) night and morning. The abdominal pains and pyrexia gradually subsided, and he began to pass small quantities of urine the natural way. Gradual improvement took place from this time. Suppositories were administered at night up to the 3rd of February. On the 8th, the discharge from the rectum having quite ceased, the injection was discontinued. On examination per rectum, the cicatrix, with considerable thickening of the surrounding tissues, could be distinctly felt. On the 9th he was allowed to sit up and have ordinary diet, and a pint of beer instead of the beef-tea and brandy. He is now quite recovered, and able to walk about, and will shortly leave the infirmary. Yours obediently,

Hitchin, Feb. 23rd, 1870. O. H. FOSTER, M.A., M.B. Cantab.

MORTALITY OF NURSLINGS IN FRANCE.

WHEN Charles Lamb, bored to death at a children's party, gave at the close of the evening the toast of "Herod the Tetrarch," he little foresaw that the slaughter of the innocents which he prayed for in jest would, at least in France, attract the attention of the Corps Législatif in earnest. In view of the Chamber adopting measures to ascertain the cause of this terrible phenomenon, Dr. Berthillon has made a series of inquiries, by which he found that the mortality of nurslings in France is greatest in the seven departments round the capital, where, out of 1000 children under a year old, 288 perish in the Marne, 295 in Oise, 307 in Seine et Marne, 313 in Yonne, 318 in Seine Inférieure, 319 in Eure, and in the department Eure et Loire, dedicated "aux petits Parisiens," 378! A girdle of mourning, says Dr. Berthillon, is formed by these seven departments round Paris, and the metaphor is grimly reproduced in his map. To the basin of the Seine succeeds that of the Rhone, with Lyons for its head-quarters; while in the department of the Creuze, in central France, and in that of the Hautes Pyrénées, the deaths average only 139 per 1000. Dr. Berthillon compares the ten years ending 1864 with the interval between 1840 and 1849, and he finds that in the latter period there were only five departments where the deaths of infants exceeded 225 per 1000; while in the former period the number of departments had risen from five to twelve; and the Eure et Loire, which had long headed the list, had advanced from 240 to 378 deaths per 1000. Decreasing as her population is, France may well look forward with alarm to the future, and should in the meantime think of "rectifying" her sanitary rather than her political "frontiers," if she is to maintain her historical position among the nations of Europe.

Dr. Thomas Newham.—There is only one such work in English—namely, Wilson's treatise. Carter's translation of Zander has been for some time out of print; but we believe a new edition is in contemplation. In German, Mauthner's Lehrbüch, or Schweigger's Vorlesungen.

CATHETER FOR RETENTION IN THE BLADDER.

To the Editor of THE LANCET.

SIR,—Like your correspondent, Dr. Williams, I, in common with others, have from their first appearance tried the French catheter; but, excepting where some very stringent means were used to fix the catheter in, it was perfectly useless. Like all india-rubber catheters, the French would resist the action of the urine; but without strongly bending the penis, or using some complicated means to retain the catheter, it invariably slipped out.

My object has been to produce a catheter which can be worn with as great comfort as any other, and which, having once entered the bladder, will not escape from it; and this desirable end is now attained by the adoption of the wings. It may appear a very simple matter to have made such an improvement; but, simple as it is, it has taken me two years to accomplish.

In my next communication to you, I think I shall be able to show by diagram the case with which the catheter may be passed, and that those which are now being made are a great improvement on any hitherto manufactured. I am, Sir, yours faithfully,

Savile-row, March 28th, 1870. BARNARD HOLT.

To the Editor of THE LANCET.

SIR,—The catheter described by Dr. D. W. Williams in your issue of last week was introduced into this country from Paris so early as 1865 by my friend, Mr. George Eastes, who brought it under the notice of one of the surgeons to Guy's Hospital (I think Mr. Birkett). Instruments of the kind were used in the wards of the hospital by these gentlemen, myself, and others, and gave much satisfaction, owing to their great flexibility, the length of time they could be retained in the bladder, and the very slight amount of irritation they caused in comparison with the ordinary gum-elastic catheter. The only objection to them was the ease with which they slipped out; but I found that by using great care in adjusting a strip of plaster, in the manner, though not nearly to the same extent, described by Dr. Williams, this could be entirely prevented.

The thanks of the profession are due to Mr. Holt for the ingenious addition he has made to this valuable instrument, by which the inconvenience and discomfort caused by a band of plaster round the penis are done away with, and, which is of still greater importance, the length of catheter actually within the bladder is reduced with certainty to no more than is absolutely necessary. Your obedient servant,

Faringdon, Berks, March 28th, 1870. J. HOPKINS WALTERS.

THE UTILISATION OF SEWAGE.

THE advantages, economic and sanitary, of the utilisation of sewage are admirably illustrated on a model farm at Madras, where the sewage of Perambore Barracks and an adjacent village is conducted and distributed by an open earthenware conduit over a field reclaimed from an old swamp with stiff clay subsoil. Unfavourable as was the ground, the yield of grass and vegetables is wonderful—guinea-grass being produced at the rate of 88 tons of fresh grass or 29 tons of hay per acre, and native vegetables thriving luxuriantly. Still more gratifying are the facts that the health of the district has greatly improved, and that the experiment will soon be extended to two other localities near the city.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.

To the Editor of THE LANCET.

SIR,—It is very evident that the article entitled "The Sheffield Public Hospital and Dispensary," which appeared in your impression of last week, is founded upon erroneous data. It seems to the medical staff of that institution to be undesirable to enter afresh upon the entire question; but one error in your statement they do feel bound to refute—the one which refers to Dr. Hall. That gentleman is said to have "moved the medical staff to withdraw their recommendation." Such a statement is entirely unsupported by facts; the withdrawal of the recommendation being the unanimous act of the whole staff, for reasons which appeared to them very sufficient.

I am, Sir, respectfully yours,

ARTHUR JACKSON,

Sheffield, March 29th, 1870. Secretary to the Medical Staff.

FEVER IN WHITEHAVEN.

IT was high time that the Medical Officer of the Privy Council should again make the Whitehaven authorities aware that twelve months' prevalence of fever in their town is a matter of concern to somebody, if not to themselves. In reply to Mr. Simon's inquiries, Mr. R. Lumb, the town medical officer of health, has forwarded a report, from which we gather that between the 1st of October, 1869, and the 28th of February last, there have been no less than 360 or 370 cases of typhus, 60 of them fatal, out of a population of 19,000; the equivalent annual rate of typhus mortality being therefore 75 per 10,000 of the inhabitants. Out of 47 deaths from all causes during the four weeks ending 19th February, 13 resulted from typhus, and 2 from typhoid. Mr. Lumb tells the Privy Council that among the probable causes of the outbreak, and of its long continuance, are want of a proper system of house drainage and of closet accommodation; the parts of the town which have suffered most from fever being the poorest, worst sewered, and worst paved. The health officer adds that in his monthly reports to the Town Trustees he has continually urged the necessity of remedying the existing defects of drainage, &c., but apparently without much effect. How great is the need for the interference of the central sanitary authority may be inferred when we find the principal local journal, the *Whitehaven News*, saying that "the procrastination exhibited by the Trustees is simply unpardonable"; and that if the question of private drainage is to be persistently "shelved" as it has been by them, the sooner the Home Office takes the matter in hand the better. According to the *News*, commercial men avoid Whitehaven as "a plague-stricken spot"; the trade of the town is therefore suffering grievous injury, and, moreover, fever gets carried into the surrounding rural districts. The *News* is, upon the face of the facts revealed, more than justified in demanding a "a thorough purgation of the whole system" of the Trustees' management.

THE RIVER PLATE.

WE have received a communication from *Mr. T. D. Healy*, of Calne, Wilts, on the subject of emigration to the above locality, and in answer, as he says, to numerous letters received by him. As we do not perceive that it has any connexion with medicine, we cannot insert it.

Westworth.—We believe not. The disease is as often mental as physical. Consult a respectable practitioner.

N. (South Petherton, Somerset) will oblige by sending us a brief notice.

A QUERY.

To the Editor of THE LANCET.

SIR,—We occasionally meet with cases belonging to a class of diseases which, although generally trivial, and readily amenable to treatment, are yet so influenced by peculiarities of constitution as to render them not only obstinate in yielding to treatment, but defiant of all remedies. Such seems to be the character of the case whose symptoms I detail as briefly as I can. My object is to ask those who may have met with similar cases what treatment they have found most beneficial.

Mrs. C——, widow of a staff commander R.N., has been crippled from rheumatic gout in her knees for upwards of ten years, so as to prevent her standing upright. Her general health remained good until about two years ago, when close attendance upon a paralytic son for upwards of a year weakened her much. First she had an abscess in the palm of one of her hands, which left her much reduced in strength, after which she began to complain of tenderness in her throat and mouth, especially when eating. At this time these parts presented a red, inflammatory appearance, for which she took chlorate of potash and tonics, and used gargles slightly astringent. No improvement took place, but the reverse. Bladders containing a clear fluid began to appear on the roof and sides of the mouth, which broke in a day or two, and left a very tender surface, preventing any solid food being taken. Fresh vesicles continue to be formed up to the present time in the mouth, and for four months a similar succession of vesicles have been formed over the chest, arms, and thighs. Some of the vesicles on the chest and thighs have been as large as half-a-crown; on breaking, they crust over, and appear to be almost healed, when a fresh crop again appears on the same base, and thus they go on, one crop succeeding another. As may be supposed, from want of nourishment and rest, the patient has become very much wasted and weak. The usual remedies for skin diseases have been tried, and especially such as are recommended for chronic pemphigus, which this appears to be, but hitherto without producing any benefit.

Should any of your readers be able to suggest a plan of treatment likely to mitigate the suffering and to arrest the vesicular eruption, it would confer a great benefit upon the patient, and oblige, Yours truly,

Millbrook, March, 1870. A. B. CHEVES, M.B.

Mr. F. N. Clark, (Wolverhampton.)—We do not forward private replies, and we cannot undertake to name individual physicians. Our correspondent can have no difficulty in finding one capable of treating the disease named.

THE MEETING AT THE COLLEGE OF SURGEONS.

Dr. Crisp writes to correct one or two inaccuracies in our report of his remarks at the meeting at the College of Surgeons on Thursday, March 24th:—

"To show the chaotic state of the profession, and the necessity of a change, he brought the subjoined statistics before the meeting. Besides the 20 places where diplomas were granted, including the Archbishop of Canterbury, there were 792 teachers and examiners, 930 annual students, and 45 different degrees. The members of the Medical Council were elected by less than 300 out of the 21,000 members of the profession. Of the 24 members of this Council, 8 were Englishmen, 7 Irishmen, and 9 Scotchmen; the English forming about 1 in 2½ millions to the population, the Irish about 1 in 859,143, and the Scotch about 1 in 333,333."

A House-Surgeon.—We think from £70 to £100 per annum (inclusive of board) would be a fair sum.

Dr. Redwood, (Rhymney.)—If our correspondent will extend us a little more of his patience, we will try to insert his communication.

THE SOUTH-WESTERN PROVIDENT DISPENSARY.

AT 41, Denbigh-street, Pimlico, a well-placed and well-directed charity provides medical relief to a densely populated neighbourhood; and among its governors and supporters it numbers many of the highest noblemen and ladies in the land, all actively interested in promoting its efficiency. It is, therefore, with some surprise that we read the announcement that the "Westminster Provident Dispensary will be opened on Saturday next"—an institution which may or may not be the speculation of an enterprising practitioner—which may or may not be established out of the purest motives of philanthropy; but which certainly has no right to assume a name so nearly resembling that of one already in existence in the same district. Until the projector of the new dispensary makes clear his object in instituting it, and adopts another name less similar to that of one which is associated with so much bountiful and well-applied benevolence, we shall regard it as our duty to warn the profession and, through the profession, the public against encouraging his enterprise, and to prevent, as far as possible, the miscarriage of contributions intended for the old and well-tried charity.

H. B. P.—We have again and again expressed our opinion on the subject, as our correspondent must have seen if he reads THE LANCET regularly. The matter shall be borne in mind.

CHLORAL HYDRATE.

To the Editor of THE LANCET.

SIR,—I shall feel much obliged if any of your readers could inform me if they have tried the effects of the chloral hydrate in allaying the irritation of children while teething, and what dose they have found suitable for infants of a year old. Your obedient servant,

Liverpool, March 30th, 1870. THOS. BOWLING, M.R.C.S.

The Rev. Charles Guest, (Christ Church Vicarage, Burton,) in behalf of the Getley family, which was increased the other day by four babes at one birth, all of whom are living and thriving apace, solicits from the public that assistance of which the heads of the household—already burdened with five children—are so urgently in need. The Queen, with the prompt consideration which distinguishes her Majesty, has forwarded to Mr. Guest the sum of £5; and we trust the profession will exert its influence with the public in obtaining additional contributions, which may be sent to Mr. Guest, or to Dr. Perks, 181, High-street; or to Mr. James Toog, of Messrs. Robinson and Co.'s Brewery, Burton.

Dr. King, (Camberwell.)—Handbills of the kind enclosed by our correspondent are in the highest degree objectionable. But what can be done?

THE ROYAL MEDICAL BENEVOLENT COLLEGE.

To the Editor of THE LANCET.

SIR,—Seeing in the correspondence of your last impression considerable discrepancies between the statements of the writers, we venture to lay before your readers the true facts of the case.

Dr. l'Anson appears to have been misinformed as to the true circumstances; for it was officially announced to the school by the head master that the boy in question was *not* expelled. He was only desired to leave the school within four days, while the charge against the other participators in the theft was dismissed.

We also demur to Dr. l'Anson's statement with regard to the success of pupils from Epsom at the matriculation of the London University; for we find, on reference to the Calendar, that in the last five years only three have succeeded in obtaining Honours, and they in every instance had left the school at least one term previous to their examination, in order by the aid of private tuition to attain that degree of proficiency which they were unable to do at the school; while out of about two dozen who have been placed in the first or second classes, a considerable number have been obliged to seek other help than that supplied by the College.

We are, Sir, your obedient servants,

March, 1870. THE PREPOSTS.

POPULAR STATEMENT ON THE SUBJECT OF VACCINATION.

THE guardians of the Leeds Union have very wisely caused a paper on Vaccination to be prepared for circulation among the people. All boards of guardians should do likewise. The facts touching the efficacy of vaccination are very palpable and intelligible, and should be freely circulated as an antidote to the nonsense that is being talked by the anti-vaccinationists—albeit this does not take any serious hold upon the people. A very good statement of the case in the form of question and answer has been made by Mr. John Blackburn, public vaccinator of the Barnsley Union.

THE FUNGUS-FOOT OF INDIA.

To the Editor of THE LANCET.

SIR,—Will you permit me to say, in reply to Dr. H. Vandyke Carter's communication, which appears in your columns of March 12th, on the specimen of Fungus-Foot exhibited by Dr. Tilbury Fox at one of the meetings of the Pathological Society, that for my own part, as one of the referees, I did not, as he supposes, entirely rely upon "ordinary microscopical examination." I made several attempts to cultivate the fungus supposed to be present, but which may have escaped examination by the microscope, but without success. I am, therefore, of opinion that this specimen of Dr. Shortt's could not have been "the excellent example" he believes it to have been; for most certainly nothing approaching to a fungus growth could be detected in any part of it, so far as I am able to judge. I, however, gladly accede to Dr. Carter's wish to join in a further "special inquiry" into the nature of this remarkable form of disease; but I must look to him for a supply of the material. It is scarcely necessary to remind Dr. Carter that referees are bound to "doubt" as well as to "test" in every case; and in this particular specimen I must hold to the doubt until convinced that "there is absolutely no ground for demur" to the conclusion that madura foot-disease is due to the ravages of a vegetable parasite.—Your obedient servant,

March 22nd, 1870. ONE OF THE REPORTERS

HOSPITAL SUNDAY.

IN the Annual Report of the Charing-cross Hospital, it is remarked that during the past year only three metropolitan congregations were invited to support this charity; while during the same period the hospital received within its walls patients from no fewer than thirty of the metropolitan parishes, besides a very large number from parishes immediately surrounding London. No doubt the other large hospitals could relate similar experiences, and that we should find on inquiry how small in proportion is the aggregate sum collected annually in metropolitan places of worship for those medical charities which every year save so many lives, and allay such an enormous amount of suffering in London. We are convinced that it is practicable to establish an "Hospital Sunday" for London, if but a few energetic and public-spirited individuals would take the matter in hand.

The Lady Student is quite correct in objecting to the statement that the heart is in the centre of the body. Has she not misunderstood the lecturer? Did he not say the "centre of the circulation"?

L.R.C.P. Edin., Exam.—We cannot revive the question, unless some inaccuracy is shown in Mr. Syme's statement.

CAUTIONS TO MEDICAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—May I ask for space in your journal to warn my professional brethren against thieves who have lately visited my house.

About five weeks since a well-dressed man called, and, finding I should be at home in half an hour, said he would wait; but left before that time had expired, saying he would return in a few minutes. I soon discovered he had gone from the consulting-room into the surgery, and stolen a coat; he also went to a sideboard in the dining-room, and took three small silver articles. I expect he was disturbed, or would have possessed himself of the contents of the plate-basket.

On Saturday last a woman came, and, after waiting, said she would go, and call again; but I came in before I was expected, and she asked me to go and see a child at a respectable address in the neighbourhood, but not to do so for an hour. On my going to the house, I found there was no such person there, and on my return I discovered that an umbrella and church service had been stolen.

I trust this communication will put medical men on their guard.

I am, Sir, yours truly,
March 30th, 1870. A CONSTANT READER.

To the Editor of THE LANCET.

SIR,—I shall be obliged if you will kindly allow me, through your journal, to warn the public against an impostor from whom I have suffered. Being a subscriber to the British Home for Incurables, I was last year canvassed for John Kniveton, the application for my vote being accompanied by a written letter, purporting to be from his wife, and begging to have her letter returned with at all events a few stamps. I sent it back with a trifling donation, and this year had a similar application and letter; on receiving which I wrote to one of the references on the card, a clergyman in Yorkshire, to inquire about the case, which seemed a very distressing one. He replied that if my correspondent's address was in London, the whole thing was a forgery, as the real Mr. and Mrs. Kniveton were living quietly in his parish in Yorkshire. Therefore I wish to warn any other subscribers against being taken in as I have been by a person whose signature is M. A. Kniveton, and who gives an address in London.

I enclose my card, and remain your obedient servant,
March 26th, 1870. M. A. J.

Mr. D. L. Winterbotham.—We know of no such establishment into which the patient could be received. Certificates would be required before she could legally be subjected to restraint. There is no intermediate place between the private house and a regularly licensed house, nor does the law regard intermediate mental states between sanity and insanity.

Mr. James Burke.—We are not aware of any special treatises on the subject; at least of none that could afford our correspondent better information than he may obtain by consulting some recently published works on Physiology.

SEAMEN'S HOSPITAL, CARDIFF.

To the Editor of THE LANCET.

SIR,—Will you allow me to correct an inaccuracy in your report of this hospital in your impression of March 19th. The number of deaths during the year 1869 was only 12 (not 30, as stated in THE LANCET) out of 1214 cases treated by me; and of this number, 6 were cases which died within a few hours after admission.—Yours faithfully,

HALLAM M. DIXON,
Medical Superintendent.
H.M.S. *Hamadryad*, Cardiff, March 24th, 1870.

"JUSTINA" ON THE CONTAGIOUS DISEASES ACT.

WE are compelled to defer the appearance of an annotation on the above subject until next week; but we may remark that "Justina" is wrong in her premises, and therefore in her conclusions.

A Well-wisher.—We have looked at the pamphlet. It cannot be regarded as having any title to be called a scientific work, and we have no faith whatever in the practice indicated. Why not consult some respectable practitioner?

DEAF AND DUMB ASYLUMS.

To the Editor of THE LANCET.

SIR,—Can any of your readers give me some information respecting Deaf and Dumb Asylums? Yours obediently,
March 30th, 1870. JULIUS POLLOCK.

Rusticus is thanked for the expression of his "zeal," which happens, however, to be "not according to knowledge." If he will consult THE LANCET of March 12th, he will find at page 390 a reference to the Bill lately introduced into Parliament by Mr. Muntz, in which his laudable suggestions are anticipated to the very letter.

SMALL-POX IN THE BRENTFORD UNION.

Dr. Mackinlay, of Isleworth, requests us to rectify an error which appeared in our impression of last week. Mr. G. C. Ashby is the chairman, and not the surgeon, to the Brentford Board of Guardians—Dr. Mackinlay being the medical officer. Dr. Mackinlay adds that on his appealing to Mr. Ashby at the last Board meeting as to whether the statement which had appeared in many of the daily papers, reflecting upon the management of the small-pox cases, and which was said to have emanated from him, was correct, he was informed that the paragraph in question was a gross inaccuracy.

BRITISH MEDICAL BENEVOLENT FUND.

THE Treasurer and the Honorary Secretaries of the British Medical Benevolent Fund beg to acknowledge, with thanks, the under-mentioned amounts:

Donations.

Broadbent, W. H., M.D., Seymour-street, W.	£2	2	0
Easton, John, Esq., Connaught-square, W.	1	1	0
Fenn, Thomas, Esq., Nayland, Colchester	1	1	0
Hawkins, Dr. Binnet, Harley-street, W.	10	0	0
Kendall, B., Esq., Deolee, Rajpootana, India	5	0	0
Morgan, Herbert M., Esq., Litchfield	0	10	6

Subscription.

Henson, Sydney, Esq., Harpurhey, Manchester	1	1	0

Further donations or subscriptions will be thankfully received by Dr. Thorne Thorne, 42, Seymour-street, Portman-square, W., Honorary Financial Secretary.

Somerset.—Prof. McLaren's book will well repay our correspondent's reading. The appliances would be in principle the same as those used in a male gymnasium. Madame Brenner, of Bruton-street, follows for the most part the system of Dr. Lewis, an American writer on this subject. It consists of "light gymnastics." For instance, the dumb-bell put into the hands of beginners is less than half a pound in weight, and the expanding bands for developing the chest can be used by a very young child. Every exercise takes place to the accompaniment of music, for the sake of precision. The dumb-bell, the rings, and the bar-bell exercise, with the swing and trapeze, are mainly employed.

Dr. R. Uvedale West, (Alford, Lincolnshire.)—We have received the circular and the advertisement, and we quite agree with our correspondent that for the holder of the minor qualification of M.B. to style himself in the public press or private circulars as "Doctor" is decidedly unprofessional.

Q. M. R. fails to furnish us with adequate data as to his physical condition before taking the baths. Our correspondent should consult his medical adviser before resuming them.

Student.—Prof. Odling's Outlines of Chemistry (7*s.* 6*d.*), or Roscoe's volume published by Macmillan, would, we think, answer the purpose.

CORRIGENDA.—In our report last week of the meeting of the Clinical Society, the name "Girardin" was printed in mistake for *Giraldès*. Also, in the postscript to Dr. D. W. Williams's letter (page 466), line 8, for "band," read *sheath*; line 12, for "far," read *free*; line 2, next column, for "harder," read *broader*; line 5, for "cup like a shield," read *cup-like shield*.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Pollock; Dr. C. J. B. Williams; Dr. King, Camberwell; Mr. Hardie, Manchester; Mr. Akroyde; Messrs. Argles and Co., Maidstone; Dr. Neilson, Glasgow; Dr. O'Leary, Charleville; Mr. Evers, Dudley; Dr. Gervis; Mr. Thurston, Ashford; Mr. Douglas; Mr. Shirtliff, Kingston-on-Thames; Mr. Roberts; Dr. Hope, Knaphill; Mr. Arden, Kilkenny; Mr. Norris, South Petherton; Mr. Davis; Dr. Campbell, Waterbeach; Mr. Wendell; Dr. Winterbotham, Bridgwater; Mr. Hinton; Dr. Kelly, Crook; Mr. Holmes; Mr. Haughton; Mr. J. Smith; Dr. Greene, Portland, Maine; Mr. Lewis; Dr. Woodward, Worcester; Mr. Anderton; Dr. Stephens, Ilminster; Dr. Herbert, Kells; Dr. Hitchman, Mickleover; Mr. Jackson, Sheffield; Mr. Bowling, Liverpool; Dr. Sankey; Mr. Wade; Dr. Maclagan, Dundee; Mr. White, Cahir; Mr. Bryden; Mr. Lomas, Ferry Bridge; Dr. Mackinlay; Mr. Withington, Bristol; Mr. Bishop, Battersea; Mr. Burton; Dr. Hinds, Birmingham; Mr. Vaughan; Dr. Williams, Lynn; Mr. Henly, Calne; Dr. Pilkington, Chorley; Mr. James Thornly; Mr. Allsopp; Dr. Sanders; Mr. O'Donnell, Galway; Mr. Barnard Holt; Messrs. Fox and Co.; Mr. R. Prosser, Bromsgrove; Mr. Whidborne; Mr. Ogden; Mr. Collingwood; Mr. Carruthers; Dr. Dean; Dr. Thyne; Mr. Harrison; Mr. Freeman; Mr. R. Smith, Aberdeen; Mr. Miller; Mr. Hunter, Sierra Leone; Mr. Morrison, Foot's Cray; Mr. Simons, Edgeware; Mr. Mackintosh; Dr. Martin; Mr. B. L. Williams; Dr. Bakewell, Trinidad; Mr. Venman; Mr. Lambert; Mr. Parker, Bath; Mr. Crouch; Mr. Walters; Dr. Thorne; Mr. F. Simon; Dr. Anderson, Glasgow; Mr. Watkins; Mr. Sherlock; Mr. Farrer; Dr. Munro, Radstock; Mr. Ormsby; Dr. Newham; Dr. Redwood, Rhymney; Rev. Chas. Guest; Mr. Elliott; Mr. R. Hamilton; Mr. Adams, Lanark; Mr. Browning; Dr. Crisp; Mr. Nicholls; Mr. Copeland; Mr. Munns; Mr. H. M. Dixon, Cardiff; Mr. F. N. Clarke; Mr. Farrow; Mr. Morgan; Mr. Butler, Guildford; Mr. Burke; Dr. Bennett, Longton; Mr. Oxham; Rusticus; Theta; Medicus; A Well-wisher; Another Governor; Alma; &c. &c.

Army and Navy Gazette, Journal of the Scottish Meteorological Society, Broad Arrow, Brighton Guardian, Preston Herald, Medical Temperance Journal, Scotsman, Scarborough Gazette, Belfast News-Letter, Greenwich and Deptford Chronicle, Brighton Gazette, News List and Index, Glasgow Herald, Leamington Advertiser, Salford Chronicle, Launceston Examiner, Northern Daily Express, Birmingham Daily Post, Manchester City Press, Transactions of the Odontological Society, Waltham Abbey Telegraph, and *Chorley Standard* have been received.